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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Sciatic Neuralgia, with a Case. Delivered at the Pennsylvania Hospital, Jan. 16, 1861,

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[Condensed from Phonographic Reports.]

The case before us is one of sciatic neuralgia in an adult male, which the patient attributes to his lifting a heavy stove. If this be the case, it must have been from the immense pressure of the abdominal muscles and the diaphragm, acting together, in the violent effort of lifting, and squeezing all the viscera between them, and thus pressing upon the sciatic plexus of nerves where it passes out at the upper sciatic notch.

Cases of sciatic neuralgia are always difficult to cure. Their causes are various: sometimes it depends upon a growth of bone, a little exostosis pressing upon some one of the branches of the great sciatic plexus of nerves, while at other times, as in neuralgia of other parts, it depends upon an inflammation of the neurilemma of the nerve itself.

Dr. Physick believed that, in these cases, an effusion of serum occurred in the sheath; but this has not yet been revealed by anatomical observation.

Very many cases of sciatica may be traced to mechanical causes of pressure. Whenever patients complain of excruciating pains down the leg, and at the same time in the back, so that the course of the sciatic nerve can be traced out, the difficulty will very frequently be found to depend upon the accumulation of fæces in the colon or in the rectum, pressing upon the branches of the sciatic nerve, and of course, in these cases, a cure may often be effected in twenty-four hours by a thorough purge of one or two drops of Croton oil, with four grains of rhubarb.

Sometimes, however, in obstinate cases of sciatica, even after death, it is impossible to find any real physical cause for the suffering. It seems, then, to be often owing to a derangement of the whole nervous system.

As the pathology is obscure in these cases, the treatment is more or less empirical. The patient before us has been suffering for thirteen months, six of which have been passed in the hospital; various plans of relief have been instituted without the slightest advantage. He walks with pain and difficulty, using a cane and limping along. He has taken a dose of Croton oil; but, though causing free purgation, it has not benefited him. He complains of great pain along the peroneal nerve.

Where there is pain along a particular nerve and limited to one spot, it is generally gouty, rheumatic, or syphilitic, as these diseases affect the fibrous tissues, which swell and compress the nerve.

If there be reason to suspect a syphilitic origin to the neuralgia, then the treatment would consist in giving mercury in the form of calomel, with a little James's powder and some morphia, until salivation is produced.

Neuralgia about the face is thus frequently relieved when dependent on syphilis, which is often the case, as the nervous branches are numerous, and pass through different foramina lined with periosteum, the slightest affection of which causes it to press upon the nerves in contact with it. In other cases, the neuralgia, especially that form known as *tic douloureux*, arises from malaria. When it occurs from miasmata, it is cured by quinine, combined with morphia.

So little evidence of disease does this patient before us present, that there has been some suspicion that he feigned to be worse than was really the case, in order to retain his comfortable quarters for the winter; but this suspicion is probably groundless.

Various methods have been employed to procure relief, but without avail. Counter-irritation has been made in various ways; small blisters have been placed up and down the course of the leg, which seem to have done more good than anything else. Sometimes large doses of the spirits of turpentine are given with very great advantage.

Many cases have been cured by touching a hot iron between the little toe and the toe next to it, until the part is sore. Malgaigne recommends touching the helix of the ear in the same manner. This, he says, will often produce an instantaneous cure from the general shock to the nervous system. So with other remedies.

In these cases it is necessary to examine the hip-joint, to see whether there exists any sign of disease.

In some of these cases, the greatest benefit has been derived from acupuncturation, a practice which originated with the Chinese and Japanese.

Formerly, Dr. Pancoast was in the habit of passing needles through with great care, so as not to strike the nerve; now he prefers to run the needles directly through the nerve and pin it down upon the ischium.

The needles, should be inserted by rotation, separating the tissues, for they will not pass through the fibres, but separate them and pass between. A needle might be passed through a great vessel without doing damage, and through the heart without serious consequences. When an acupuncture needle is passed through a nerve, it often gives rise to a feeling of heat or a glow of warmth through the part to which the nerve is distributed.

Dr. Pancoast has seen cases of neuralgia of the scalp in which death would have ensued, but from the adoption of this process, and he has passed as many as eighteen or twenty at one operation, driving the pins as far as possible into the bones of the scull, producing perfect relief in the course of a few minutes.

In the present case, the acupuncture needles were passed at small distances through the nerve into the periosteum covering the ischium, pinning the sciatic nerve to the tuberosity of the ischium. The needles are to be left in for some time.

January 23d. It is now certain that injustice was done the patient by the suspicion of feigning the disease. As he walks he presses the outer border of the foot upon the ground, raising the inner border, though, by a straining effort, he can succeed in bringing the inner border to the ground. This is owing to a neuralgic condition of the cutaneous nerves. The metatarsal bone of the little toe is pressed down upon the floor as he walks.

Since the acupuncturation he has had no pain about the sciatic notch; but otherwise he is not improved, and he walks no better than before.

When asked to point out the seat of pain, he traces up distinctly the cutaneous branch of the musculo-cutaneous nerve, a division of the peroneal in the ham going up to the head of the fibula.

There is no locality in the body where the neuropathic condition is more difficult to remove than in this branch, which winds around the head of the bone, and, passing sometimes underneath one of the peronei muscles, sends a muscular branch to the peronei muscles, winding around the posterior portion of the exterior ankle bone, while another branch winds around the foot.

Perhaps it is to avoid the motion of these muscles that he walks with his foot on its outer border.

Dr. Pancoast has sometimes found neuralgia, involving this nerve, utterly beyond control. He has tried the hot iron, blisters, the endermic use of morphia and of strychnia, without much benefit, and it is not a nerve which we dare to divide, because such proceedure would be followed by paralysis of the peronei muscles, as well as of sensation of the outer margin of the foot; it would produce dropping of the toe, in this effect analagous to the musculo-spiral nerve of the arm.

It is proposed to try the effect of a number of moxas along the course of the sciatic nerve, and if benefit should result from this treatment, to keep up a succession of blisters.

The hot iron of Carrigan has already been applied, but without benefit.

Pressure over the sciatic notch produces no longer pain, though it made him wince, before he was subjected to acupuncturation.

The moxa is preferable in this case to the hot iron, because it burns more slowly and thereby makes a longer and deeper impression.

A quantity of lint, wet with warm water, was laid about the part selected for the application of the moxas, in order to protect the surrounding skin from the scintillation.

The moxas employed were made of gun cotton which had been soaked in a solution of the chlorate of potash, and allowed to dry completely; the cotton being then rolled up into rounded masses and fastened in a cylindrical form by a piece of linen wrapt round them.

Moxas may be made of other material; they are made from the pith of the sun-flower plant; of pledgets of old linen; of rotten wood completely dry and powdered and mixed with alcohol, rolling the mass into a cylindrical form, which was the favorite moxa of Baron Larry.

It was not desirable, in the present instance, to administer an anæsthetic, because, in order to judge of the impression made upon the nervous system by the application, it is necessary to retain the sensations of the patient.

Three moxas were applied along the course of the nerve; one where it winds around the ankle and the others higher on the limb. Immediately after the moxas had ceased burning, the parts around were washed with strong aqua ammonia as a contra-stimulus.

The day following the application of the moxas, the man was able to walk about the ward with very little difficulty and considered himself almost well. The day after, however, he began to relapse a little, and the next day he did not appear to walk much better than he did before the moxas were applied, though he places the foot more firmly on the ground.

His condition is much better in the morning than later in the day.

There is no local specific disease in these cases. It is a general affection of the nervous system, which manifests itself in some particular nerve. It is quite different from the sciatica, which sometimes comes from some affection of the neurilemma of the nerve, or from syphilitic or other disease of the periosteum, which causes pressure upon the nerve.

When the hot iron is applied in these cases, as recommended by Malgaigne, it is not with the hope of benefit from the local effects of the remedy, but it is with the hope that the shock produced upon the whole mass of the nervous system will produce relief.

The patient has had no return of the pain about the sciatic notch, or at the lower part of the limb; but it still remains about the femoral portion of the sciatic nerve, to which some more moxas will be applied.

Clinical Remarks on Acute Articular Rheumatism at the Pennsylvania Hospital, February 13, 1861.

By Francis G. Smith, M. D.,
Attending Physician.

John Eulen, a native of Belgium, two years and a half a resident of this country, has been sick for seventeen days with acute articular rheumatism.

In presenting the case to the class Dr. Smith made the following remarks: When I took charge of the wards, on the first of the month, I found this man sick in bed with acute articular rheumatism. He was attacked about a week before I came on duty with fever, hot skin, profuse perspiration, pain and heat in the joints, but had no diarrhœa. He presented, in other words, well-marked symptoms of rheumatic fever, with articular implication. There was presented that peculiar, flushed look often seen in acute articular rheumatism; the surface was perspiring, emitting the peculiar acid smell; the pulse was full and tense; he had pain on moving the joints, which is characteristic of this disease. As you see him now these symptoms have disappeared entirely, so that he can walk without pain, sleep without being disturbed, and considers himself well. This is a disease constantly met with. Perhaps no disease falls more frequently under the observation of the physician than acute rheumatism, whether it presents itself in the form of rheumatic fever or whether complicated with articular affections. It will not be out of place, therefore, to express some views in regard to its pathology, and also in regard to what has been a successful plan of treatment.

In the first place, what is the pathology of this disease, and upon what does it depend?

Is it purely a local disease manifested in inflammation of certain joints, or does it depend on the existence of a poison in the blood?

Gout, we know, depends on the existence in the blood of lithic acid, which results from the retrograde metamorphosis of the products of animal food introduced into the system over and above its wants. Those who indulge in the pleasures of the table, eat largely of animal food, and take but little exercise, take into their body more nutritive material than is ne-

cessary to make up for the wear and tear continuously going on in the system. If a man eats a large quantity of animal food and takes sufficient exercise to burn up all the excess, he will probably escape disease; but, if in connection with luxurious living, he leads an indolent life, and takes an insufficient amount of oxygen into his system, that food will undergo changes in its backward progress into creatine, creatinine, uric acid, urea.

These changes require the introduction of oxygen into the blood—in other words, a certain amount of combustion must take place for their production; if, therefore, a man takes exercise sufficient to carry on all these retrograde metamorphoses, the surplus matter will make its escape from the system in the form of urea. If it stop short of this, the uric acid will accumulate in the blood, and is regarded as the materies morbi of gout.

Rheumatism depends on the existence in the blood of an analogous poison—lactic acid—in consequence of a defect in the primary or secondary assimilation of the food as taken into the system. One reason why it prevails more than gout among the poor, is that the food which they consume is more liable to be converted into lactic acid than that consumed by the better classes of society. In the higher classes, where animal food is most indulged in, lithic acid is the result of the metamorphosis, while in the poorer classes, who rely largely on farinaceous food, the transformation of the latter is into lactic acid.

Whenever this material accumulates in the blood in large quantities, in consequence of an inability to undergo the transformation into carbonic acid, every effort is made on the part of nature to eliminate it from the system. We thus find it in the acid perspiration met with in rheumatism. I have noticed the effect of this acid perspiration on litmus paper, by putting it in contact with the bedewed surface of the skin, and seeing it change from blue to red.

It is, however, frequently observed that the profuse sweating which is so constantly seen in this disease, does not always relieve it, and it seems, therefore, as if this outlet is not sufficient for the elimination of the poison. There are other outlets by which it attempts to escape from the system; among these are, especially, those surfaces which we find well supplied with blood, and where the blood-vessels are comparatively naked; where the blood circulating in them is but little exposed to any detention from glandular structures, and where, therefore, their contents are most readily able to escape. Thus, we find the serous membranes, the peritoneum, pleura, pericardium, even the arachnoid membrane, but more especially the synovial membranes of the joints, to be some of the outlets from which this materies morbi endeavors to escape. In a patient affected with acute articular rheumatism, the synovial membranes are the localities where the disease most frequently manifests itself; congestion takes place in them; there is a larger supply of blood, in consequence of which a diseased synovia is poured out, loaded with this acid secretion, and this, acting as an irritant, produces pain in the joint, and causes that swelling and bulging of the synovial capsules so constantly seen in this disease. This is the reason why you find in the large joints heat, swelling, and redness.

The synovial capsules are not the only ones liable to be affected; it is not unusual to find a patient with rheumatic fever laboring under peritoneal rheumatism, or even peritoneal inflammation—an accident not very common, it is true, but which does occur sometimes. Pleuritis is not an unusual complication, while pericarditis is so common and frequent, that many pathologists contend that you never meet a case of acute articular rheumatism, without having, at the same time, a pericardial inflammation.

Endocarditis is also a common complication; in fact, in all these surfaces where the blood escapes with much difficulty we may have manifestations of disease presenting themselves; sometimes even we have pneumonia.

There are other materials capable of producing these same symptoms. There is a puerperal articular rheumatism from a materies morbi derived from the internal surface of the uterus. The matters detained contaminate the whole blood, and often give rise to a form of rheumatic fever, accompanied with swelling in the joints, sometimes very painful, going further than in ordinary acute articular rheumatism, so as to produce inflammation, ulceration, destruction of the articular surfaces, and filling the joints with pus. From the simple introduction of certain noxious materials in the blood, the whole train of symptoms follow; they act as a ferment, and nature endeavors to eliminate them in the manner described.

If this be the true theory of rheumatism—and there seem to be strong reasons for accepting it,

as ably illustrated in the late Dr. Todd's clinical lectures—what should be the proper plan of treatment?

What is the plan of treatment in all cases where there is a poison in the blood? Certainly, elimination.

In scarlatina the endeavor of nature, and the object of treatment, is to eliminate the poison; so in small-pox, and indeed in all exanthemata, depending on the presence of a poison in the blood.

In typhus and typhoid fever where there is an introduction of a poison in the blood, certainly the safest plan of treatment is elimination with sustentation.

In articular rheumatism we see that the skin is endeavoring to throw off this acid by profuse perspiration. Let us then trust her, and help nature, and try to assist in throwing off the poison by the administration of diaphoretics. This we can readily do by a class of diaphoretics, the salines, which are known to have a direct tendency toward the cutaneous surface. Another symptom of the disease, which it is important to meet, is the pain. Two indications, therefore, present themselves—first, to assist the elimination; and, secondly, to relieve pain.

By combining the saline diaphoretic with some opiate and a little ipecacuanha, we have fulfilled all these indications.

If the pain is not very severe we may omit the opium altogether, and adopt a more thoroughly eliminating process by the administration of some of the carbonates of the alkalies.

In the case presented to the class, the plan pursued was to give three times daily ten grains of the acetate of potash, (the old sal diureticus,) in combination with an equal quantity of carbonate of potassa, so that the patient should take three times a day twenty grains of the mixture. It was given freely in diluent drinks. It produced free diuresis, and, besides, caused an unusual amount of fluid to be eliminated in the course of twenty-four hours by diaphoresis also. Through these two instrumentalities the poison seems to have been thoroughly eliminated from the system. While doing this, we were careful to sustain the patient's strength; for in all cases where blood-poisoning exists, there is a tendency on the part of the poison to depress the powers of the system, and to produce a toxical influence on the nervous system, which manifests itself in delirium, or extreme depression of the nervous powers. We give, therefore, animal broths, with a slight amount of stimulus. We also endeavored to eliminate this poison from his blood by local applications, tending to increase the sweating powers of his joints; they were closely wrapped up in carded wool, carefully prepared; as this is compressible into all forms and shapes, it could be wrapped all around the limb or the painful joint. Outside of this, an envelope of oiled silk was placed, which kept up profuse sweating, so that when removed, after having been on for twenty-four hours, the silk was completely loaded with perspiration.

COMMUNICATIONS.

Remarks on Dr. Levis' Application of the Metallic Ligature to the Cure of Varicose Veins, with Report of Two Cases.

By J. M. Boisnot, M. D.,
Of Philadelphia.

It is more with the object of contributing something that may substantiate an operation that the readers of the Reporter are already acquainted with, than to advance anything new, that the following remarks are submitted. The number of cases of varix existing, and the previous want of an operation to safely effect a radical cure, make a method likely to be followed by success, and especially one that has simplicity and freedom from danger to recommend it, of great importance.

Varix depends for its existence upon two principal causes—an imperfect condition of the veins themselves, and anything retarding the return of the blood through them; the first being due both to constitutional and local causes; the second mainly to mechanical. To be more explicit: in a person where the return of the circulation is unequal to the distribution, we have a cause acting upon the veins that will be followed by distension, not only in the main trunks, but also in the branches. Imperfection in the valves is what I refer to as local, and pressure the mechanical cause. Varix of the lower extremities is essentially a disease of the saphena interna; the continuous length and superficial position of this vein explain, in a measure, why this is so.

A derangement of the circulation must first affect the main trunk; afterward the confluent branches. Independently of the cause, therefore, we say, as it is the saphena interna that first

suffers so must it first be treated. The veins in this disease may be compared to streams which, under ordinary circumstances, are able to drain perfectly the adjoining land; but, when unusually filled, suffer, not only in themselves, but by communicating the force of the flood to tributary branches, damage contiguous parts also. To accomplish the desired end, therefore, we must force the current in a different direction, and away from the suffering parts; this the operation under consideration does most effectually; and, as it is simple and productive of little or no subsequent irritation, we see no reason why it should not meet with general approbation.

The success of the operation so far has been such as to leave no doubt of its efficiency, while its simplicity and freedom from danger tend strongly to recommend it. Subsequent irritation and inflammation seem to have been the principal sources of objection to previous operations, but this is overcome by the fact that silver wire is unirritating, and subcutaneous operations, generally, do not produce inflammation.

Nearly all the operations heretofore advised for the cure of varix have been opposed, or reluctantly performed, on account of their liability to produce fatal inflammation, and yet the idea that a certain amount of inflammation was indispensable to effect a cure has been embodied in all of them. Now, it is this that is avoided by the operation under consideration, and yet the desired end attained, viz: *obliteration* of the veins; and this we maintain is accomplished, not by inflammation, but in the same manner that the umbilical vein and ductus venosus, deprived of their circulating current, become reduced to fibrous cords.

Case 1.—Mrs. R., æt. 42, came under my care in the autumn of 1859. She was suffering from a varicose condition of the veins of the right leg, and an ulcer near the external malleolus of the same. This condition had existed nearly three years, the varix having formed during a twin pregnancy, and the ulcer originated from a bursted vein. From the first she had been under medical tre ment, but no operation had been performed. The usual palliative measures had been employed with the usual success.

I relied upon strips of adhesive plaster as the best means for exerting a constant and uniform pressure upon the part. The subcutaneous application of the metallic ligature had not been advised. As soon as I was informed of this operation I resolved to try it upon the case under consideration. In November last I placed a silver ligature upon the saphena interna, about three inches below the knee joint, and one upon a tributary branch, midway between the knee and ankle joints, in accordance with the directions already given in this journal. No dressing was applied to the ulcer, excepting dry lint, and at no time were the wires interfered with until their removal at the time of cure, which was seven weeks from the time of operating.

Case 2.—William G., æt. 63, called me to attend him Nov. 9th, 1860. He was confined to bed by a very large ulcer, situated just above the internal malleolus of the right leg, dependent upon varicose veins. I was informed that the ulcer had existed since 1824, and had never been entirely healed from that date, being a duration of THIRTY-SIX YEARS. He was feeble, anemic, and unable to go about, excepting from one room to another by the aid of crutches. The ulcer discharged a very offensive, ichorous pus, and presented an extremely indolent appearance and no disposition to heal. He had been under the care of physicians and surgeons of eminence, both in this city and New York, without material benefit to either the ulcer or the veins, although the latter had been subjected to the much lauded caustic treatment.

I proposed the operation of subcutaneous ligation, but was not allowed to perform it before the 28th of November. The points of ligation were the same as in the previous case, the ends of the wire were covered by strips of adhesive plaster, a compress of DRY, soft muslin was placed over the ulcer, and a roller applied from the toes to the knee. The bandage was removed every two or three days for the first two weeks after the operation, and the ulcer washed with soap and water. This constituted the whole of the local treatment. Constitutionally he received a nourishing diet, with quinia and iron. The irritation from the wire was at no time sufficient to produce more than slight redness at the point of entrance and exit. On the forty-sixth day after the operation, finding the veins, where ligated, quite solidified, and the ulcer entirely healed, I untwisted the wires and withdrew them. The cure seems perfect, and, at the present time, he is able to go about free from lameness and in good health.

Dislocation of the Femur Reduced by Reid's Method.

By B. F. Wagenseller, M. D.
Of Selins Grove, Pa.

On the evening of December 3d, I was hastily summoned to the country to see the daughter of Solomon R———, a stout, hearty, young girl, of about ten years of age, supposed to have fractured her thigh bone. Having arrived three hours after the accident, I made a careful examination, and found it to be a dislocation of the thigh upon the dorsum ilii. Fully satisfied in regard to the diagnosis, reduction was accomplished in the following manner:

The patient being placed upon her back, the leg was flexed upon the thigh, and the thigh gradually upon the body, at the same time directing the limb over the sound one, and giving to it a circular motion up over the pubis, when, whilst giving the leg the rotary motion, advised in this plan of reduction, the head of the femur easily glided into its natural position. The reduction was not accompanied with the "audible snap," usually said to occur in these cases, owing, no doubt, to the age of the patient, but the slipping of the bone over the edge of the acetabulum and into its natural socket was quite perceptible, and gave to the hand of the operator the sensation that all was right. The limb was now easily brought down alongside of its fellow, to the straight position. Simple retentive apparatus was used, so as to confine the injured limb to the sound one. A liniment was directed to be applied to the hip, with rest, and in the course of three weeks the patient was able to walk the distance of half a mile to school.

On account of the difficulties, and, in some cases, almost impossibility of reduction in these cases by the old method, we conceive the profession to be under lasting obligations to Dr. Reid for this discovery. That the method, with perhaps slight modifications, under certain circumstances, will apply to a large majority of cases of dislocated femur, we have no doubt, and, to establish its value, we hold it to be the duty of practitioners to make a record as to the success or failure of the cases which may come under their immediate observation. Highly gratified with its result, in this instance, we shall not fail to resort to it again, should opportunity occur, and we hope to see the day when its utility shall be firmly established, and the old and more rude method by pulleys and counter-extension wholly superseded.

Microscopia of the Acarus, or Scabies-Mite.

By Gerard Arink, M. D.,
Of Rochester, N. Y.

Who it was, of our race, that first gave to the world any particulars of the history of the Scabies-mite, or first wrote about this crawling guest of the live animal, is, to this day, a mystery. According to some, Avenzoar was the first who pronounced these scabiei to be parasites, but in regard to anything specific concerning them, history is silent. We may also mention Bourguignon, who first described the male acari, and has given a drawing of the same.

A beautiful monograph appears in the "*Veeartseng Hundige Magazyn*," by Prof. Numan, of Utrecht, called "The Scabies, and the Acarus Scabiei."

According to Prof. Gerlach, of Berlin, every animal has its peculiar acari, which can be migrated upon other animals, although the acari of certain animals are so similar, that it is with great difficulty any difference can be detected in them, either in size, habits, or length of life. Prof. Delafond, of the Veterinary School of Alfort, made extensive experiments upon himself and his students. He studied the habits and peculiarities of the acari upon different animals, viz.: upon the horse, cow, sheep, dog, cat, rabbit, hog, fox, bear, hyena, lion, and dromedary, and ascertained that scabies could be induced upon all these with equal facility, in the case of their being exposed to it.

Correspondingly liable, also, are the human race to its cultivation upon their persons, if exposed. Acari may be described, generally, as of two kinds: the *sarcoptes* and the *dermatodectes*. The sarcoptes are again divided into four kinds, 1st. sarcoptes hominis; 2d. sarcoptes suis; 3d. sarcoptes equi; 4th. sarcoptes canis; and the dermatodectes into two kinds: 1st. dermatodectes equi, and 2d. dermatodectes ovis.

It is a well-understood truth in regard to all acari, that they, for the most part, flourish only upon dys-crasiatic subjects; neglect, degradation, and uncleanliness, being primary causes of their existence. They love a filthy atmosphere, such as is apt to surround the deeply fallen and degraded. But they cannot live where purity, cleanliness, and order exist. Filthiness in men or animals is always the cau-

sa morbi, and not, as the old theory taught, impurity of the blood. Hence, there is no ground for fear, as used to be taught, of metastases of scabies to the brain, lungs, or abdomen.

A healthy, well-fed animal will keep its skin clean; while an animal that is ill or insufficiently fed, has no spirit to do this. The anæsthetic subject, moreover, fails to appreciate the itching and irritation accompanying the visitation of the scabies, which would so distress any one whose nerves were in healthy activity. Acari, or scabies-mites, are the only cause of scabies among men and animals, producing disorganization of the skin, and all the symptoms accompanying the same.

In regard to the generation of scabies, one impregnated female can populate an entire subject, being migrated therefrom. The multiplication of acari is effected by the ordinary method of animal reproduction, following out, in their case, certain facts common to insect life, viz.: the preponderance of females over males in point of number, and the much larger size of the former over the latter. The period of gestation continues some days; the female lays two eggs each day, after she has commenced laying. These eggs are laid, to the number of twenty, in the subcutaneous passages of the skin, in astonishing order. These acari, especially the dermatodectes, have often been found in a state of copulation. The life of the female ends when the process of egg-laying has terminated. The newly-hatched acarus has three pair of feet; a fourth pair expands on the fourth or fifth day; the period of its growth continues from ten to twelve days, in which time it changes its skin for a new one, which, by some, has been wrongly supposed to be a metamorphosis.

What is the cause of the abnormal condition of the skin produced by these acari? Not the stinging or prickling occasioned by the creeping or eating process of the mite, but its excretions of sharp fluids. This irritating fluid can be innoculated into any animal subject with the point of a needle, and, in two, six, or eight days, the result will be a sore in full flower, accompanied with strong itching, especially if the subject be warm, or there be a congestion of blood in that portion of the skin. Constitutional individuality, construction, and composition of the skin, makes the character of the scabies mild or severe. The scabies in men or animals is not bounded by climate or country, although we find it in some countries more, in others, less abundant. For instance, according to Prof. Gerlach, of Berlin, Poland seems to be especially predisposed for scabies, and horses and sheep, sent thence to other countries, transport the acari with them. In Prussia, the hog seems to be peculiarly infested with these pests; in Westphalia, the cat; in France, sheep; and in Switzerland, goats.

The best means of exploing the acari is by exposing the sore to the sun, when, sometimes, their crawling can be perceived by the naked eye; especially is this the case with the dermatodectes. When the scab with the epidermis is taken off from the skin and examined on a piece of black paper, in the strong light of the sun, they may be seen to crawl out of the scab upon the paper; if such a scab is applied to the arm, and secured by a bandage from falling off, in about twelve hours afterward the acari will have left the scab, and nestled themselves into the skin, where their presence will be discoverable by the formation of a small red papula, with a white point to it. Upon opening this papula with the point of a needle, we can easily separate the mite. To destroy them in the arm, after such an experiment, it is only necessary to rub the part with a little oil of turpentine.

Prof. Gerlach, experimenting on the artificial hatching of the eggs of the acari, found as the result, that it needs about three days, or from sixty-four to seventy-four hours to hatch them. Eggs taken out of the skin when fresh laid, will remain ten days good for hatching, if they do not dry up from exposure to too great warmth. The horse-mite, it seems, may remain good for hatching from three to four weeks. Eggs that that are partially hatched, will continue good for some days without losing their power to be hatched. From these observations, we learn that the cloths and coverings used for horses and other animals, as well as linen worn by human beings, can produce upon other creatures the recidive scabies. It has been ascertained that the female acarus lays two eggs every day, and allowing from fourteen to twenty or twenty-two days for their development, it is easy to perceive how rapid their multiplication may be. The migration of one impregnated female upon the human subject, will soon populate the whole body. The length of life of the female is about one month; taken from the skin and exposed in a warm dry room, it lives from three to four days; but in wet dirty linen it can live ten days.

A newly migrated mite makes his way into the skin by the orifice of the hair-sac, and insinuates itself to the root of the hair, so that such orifice is always the commencement of its subcutaneous passages; the young mite digs the deepest into the skin, because the deeper, the softer cutaneous strata he finds for his support. Bœcks, writing of the Norwegian scabies, in the Spedalsked, speaks of having seen scabies excrescences half an inch high on the surface of the body, composed of epithelium, scabs, dry exudation, cadavers, and excrements, on all which the mite lives luxuriously. Among those who have labored in this field of investigation, may be mentioned Fuchs, in 1852, Hebra in 1853, and Gumpert in 1856—all in Germany—and Rigler in Constantinople.

That the scabies treated of in this article, and of which the above-mentioned wrote, are identical, can be proved, not only from the form and character of the scab, but also from the identity of the sarcoptes.

Therapia.—Not long since some of our best Medici pronounced sulphur to be the specificum for scabies. Sulphur applied externally and internally, as well for men as for animals; apprehension always being felt lest metastasis should occur. Thanks be to the microscope for the important discovery of this parasite; we are now able to study its habits, and know that it is an easy thing to destroy it. It cannot live in a pure atmosphere; the surroundings of uncleanliness and neglect are their air and soil for cultivation. It is more difficult to eradicate them from animals than from human subjects.

Gerlach recommends the use of creosote, especially for animals:

1st.—Creosote wash—one drachm of creosote dissolved in two oz. alcohol, and diluted with 6 oz. water.

2d.—Creosote oil—one drachm creosote oil and 6 oz. lard oil.

3d.—Creosote unguent—one drachm creosote mixed with 4 oz. lard.

Rub either of these preparations well into the skin over night, and wash with warm soapsuds in the morning.

For human scabies the best remedy is a warm artificial sea-bath, taken every evening. It may be prepared by mixing four pounds of kitchen salt in two pails of luke-warm water. Or, as a bath, use the following; one pound of potassa dissolved in two pails of warm water, After the bath, put on clean linen; in the morning, wash the whole body with cologne, or take two drachms of lavender oil, one scruple of oil of cloves, and one pint of alcohol, mix well together; or, sulphate of zinc, one drachm, and rose-water, six ounces, also, mix and use as a wash.

This method of cleansing the system of the scabies pest is evidently a great improvement upon the use of disgusting sulphur-ointment, or the more dangerous arsenic and quicksilver preparations.

Reduction of an Axillary Luxation by Dr. H. H. Smith's Method.

By. A. N. Dougherty, M. D.,
Of Newark, N. J.

The day after the receipt of the number of the Reporter containing the article on reducing luxations of the humerus by manipulation, without force, I was called to see a young gentleman, a law student, who had just dislocated his shoulder, in simply taking off his overcoat. Once, several years ago, the accident had happened in the usual way from a fall. On stripping the patient, I found the head of the bone down in the axilla, and giving rise to much pain from pressure on the nerves. I had him lie down on the floor, a position he demurred against taking, as he supposed it preparatory to an attempt at reduction in the old way, with the heel in the axilla, which he remembered with associations far from agreeable in connection with the former occasion. I reassured him, and applying the mode recommended in the paper adverted to, I was delighted on the second trial to see the luxation reduced spontaneously without three ounces of traction, and, much to the patient's surprise, without the least pain. On the contrary, the raising of the arm, at right angles to the body, caused him to ejaculate, "Ah! how good that is! It is the first time, since the accident, that I have been free from pain."

This result, so entirely satisfactory, I hasten to place at the disposal of Prof. Smith, and I shall, certainly, give his method a trial in every case of dislocation at the shoulder that may hereafter come into my hands. Although I have always succeeded in effecting reduction, either with the heel in the axilla or with Jarvis' adjuster, and in some cases of dislocation of several weeks' standing, I shall hereafter deem it my duty to give this simple and beautiful process a fair trial, previous to resorting to harsher measures.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

(*January 16th.*)

SINGULAR CASE OF OBSTINATE VOMITING—VARIETY OF TREATMENT.

This is in a man who has been a daily laborer on a farm in Bucks county, (Pa.,) close by the Delaware river.

In this neighborhood, intermittent fever sometimes prevails, but there has been little of it lately. When first sick, he had an attack of intermittent, but only had one chill, when it was controlled.

The patient has a contracted countenance, anxious, the effect of his disorder; and a dull, heavy expression, the result of the treatment. The man has had continual vomiting since the 9th of August, a period of over five months, which has obstinately continued ever since until within the last few days, during which it has been considerably abated.

It generally occurs most decidedly toward night, when he throws up much of what has been taken through the day. He vomits frequently, however, during the day also, generally at about 12 o'clock, in the evening, and sometimes in the morning.

The matter thrown up does not contain any trace of bile; it is slightly acid, but not particularly so.

Generally, when the vomiting has persisted for a good while, the abdomen will be found somewhat contracted, being no longer distended by large quantities of food.

Under the supposition that there might be some organic disease of the liver, or of some portion of the stomach, a careful examination was made, but no evidence whatever of a tumor could be detected in the region of the stomach or hypochondrium, nor can any other organic lesion be detected to account for the vomiting.

The patient, since his entrance into the house, has been kept on careful diet. Over the abdomen, numerous blisters have been applied. He has been put under various treatment without success; thus, he has taken creosote, one drop three or four times a day, with ten drops of laudanum at each dose; he has taken nux vomica and gentian; he has taken powdered opium and blue mass until it produced slight ptyalism; he has taken tr. opii. et tr. zingiberis; he has taken oxalate of cerium;* he has taken infusion of powdered gentian, powdered rhubarb, and bicarbonate of soda, which arrested the vomiting for a little while, when it ceased to act.

Then he was given quinine; then he was was given powdered ipecacuanha, which increased the vomiting, in order to bring on artificial vomiting, so as to relieve the patient of anything which might be in the stomach, and thus, as it were, antagonize the disease; then he was given powdered opium and capsicum; then he was given one drop of creosote to ten of tr. opii. three times a day, which failed. Then followed elixir of vitriol, bicarbonate of soda, spirits of lavender, and cinnamon water; lime water, tincture of ginger, and sulphate of morphia; small doses of calomel, one-sixteenth grain, to ptyalism, to alter the condition of the liver, and at the same time counter-irritation on the part was kept up.

Then opium by the rectum, to keep the patient in a condition of stupor, twenty drops of laudanum in injection every four hours, with a little wine-whey, and a little of the fluid extract of cinchona by the mouth.

He has now been on this last treatment some four or five days, and the vomiting is almost suppressed. Whether it will finally cure the disease or not, cannot yet be determined; but it has certainly been much more successful than the other plans. Of course the individual is very much prostrated.

His skin has become warmer, and his pulse is more decided. His diet must consist of the most digestible articles of food—materials that do not much disturb an irritable stomach. He has been taking essence of beef by injection, and a little by the stomach, and he eats crackers and milk, and sips a little chicken-soup in small quantities.

The treatment and diet will be continued.

* A new remedy lately introduced by Prof. Simpson for the obstinate vomiting of pregnancy, and often found useful in atonic dyspepsia, &c.; but Dr. Gerhard attaches but little importance to it.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 9th*, 1861.)

WOUND OF THE SCALP.

An old man was brought before the class, who had just been admitted in consequence of a wound on the head from a brick bat, in which the temporal artery had been wounded.

These wounds are often met with in practice, and that they are not considered of very much consequence may be inferred from the ancient practice of bleeding from the temporal artery, and, in fact, in olden times many of the arteries were selected for the purpose of drawing

blood; as the radial, the posterior tibial, etc.; but the temporal artery being very accessible, and easily controlled from its passing over the bone, is still employed for blood-letting under peculiar circumstances. The artery is always deeper than it seems to be.

The artery was entirely cutaneous in the present instance, necessitating the application of a ligature, which was placed on the artery just above the zygoma.

The wound was closed with long pieces of adhesive strips passed across the head and forehead.

All manner of injuries about the skull should be carefully watched for a few days after the occurrence of the accident; for even those injuries which appear slight and trivial are not always unaccompanied by risk and danger.

FISTULA IN PERINEO, INVOLVING THE URETHRA AND THE SCROTUM, GIVING RISE TO AN EXTENSIVE ABSCESS EXTENDING ABOVE THE PUBES.

The patient has been in the ward but a few days, and his friends desiring to take him out, no operation was performed, and he was merely exhibited to the class.

The man, a sailor, came into the hospital last spring, during the term of Dr. Pancoast, suffering with an anal fistula, with a considerable discharge, and, also, a discharge of matter from an orifice by the side of the rectum, to the amount of about three tablespoonsful per diem, sometimes as much as a teaspoonful at a time, which is the most he ever discharged at once.

On examination of his chest the sounds of the heart could be heard all over the thorax. There was dullness on the right side of the chest, with an unusual amount of noise in expiration, being louder than the sound on inspiration, which could only result from some solidification of the lung.

There was a sort of interrupted respiration, the air coming in and inflating the lungs, and then going out by a succession of motions, showing that the lobules of the lungs were not in a natural condition and did not dilate readily.

The man had lost flesh, which, with the signs of pulmonary disorder, induced Prof. Pancoast to refuse to operate for the fistula, which was, according to the old views of the humoral pathologists, taking away some *peccant* humor from the blood; and we know that the discharge of a small amount of matter at the end of the rectum will enable a patient, even with incipient phthisis of the lungs, to live often for many years, while if this discharge be prevented, or become dried up, the disease will almost immediately begin to develope itself in the lungs with greater rapidity.

The man left the hospital and went to sea, according to advice, and has now returned, requesting an operation.

His general health has improved; he has been using an ointment to diminish the extreme soreness of the parts, but the application is a source of trouble to him, and he wants the fistula closed, so as better to pursue his avocation.

His chest was again examined and his lungs found to be in a much improved condition, and he has no cough, no pectoriloquy, no peculiar resonance of the voice, no mucous râles, and but little blowing sound.

Still it was deemed injudicious to operate upon the fistula at present.

A seton was advised to be placed upon the chest so as to keep up a discharge of matter, an old and advantageous method of treating these cases.

The man must practice absolute cleanliness, and wash the part night and morning with salt water, annointing the parts afterward with an ointment composed of a drachm of the carbonate of lead, a drachm of Goulard's extract, with three drachms of simple cerate; taking care to keep his nails pared so as not to wound the mucous membrane of the part.

INJURY IN THE NEIGHBORHOOD OF THE SHOULDER-JOINT PRODUCED BY A FALL.

An adult female fell down a flight of fifteen steps, striking herself directly on the shoulder. The clavicle presented no signs of displacement or fracture.

In injuries about the shoulder, if the arm of the injured side can be so moved that the hand can be laid on the shoulder of the opposite side, it is presumptive evidence that the head of the humerus is in its socket.

This can be done in the present case.

Placing the hand in the arm pit, the head of the bone was found normal.

The scapula was then examined and found to be uninjured, as was also the armbone.

The flabbiness of the deltoid muscle, which was very apparent, was due, therefore, to the injury of the nerve supplying it. The injury being a severe bruise, the treatment instituted was counter-irritation, with soap liniment; the arm to be supported and brought to the side—rest of the part being enjoined.

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An Old Cathartic Revived.—The leaves of the Globularia Alyssum, which were known in the middle ages as a purgative, have been recently reintroduced by Dr. Planchon, of Montpelier, who claims for them that they are efficient as a purgative, without producing nausea or griping, and that their bitter properties gives them a tonic action.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

CASES OF CANCER, WITH REMARKS—EPITHELIAL CANCER OF THE LIP.

February 20th, 1861.

Cancer beginning on the epithelial margin of the lip is often chronic in its progress, but often apt to terminate in the most malignant form, and should, therefore, be removed in its earlier stages.

In one case brought before the class, (Jan. 12th,) the disease has been of two years' duration, and involves the whole margin of what would otherwise be the vermillion border of the lip, which part is white and opaque. The growth itself extends no deeper than the mucous membrane, and it will not be necessary to cut away the whole border of the lip, but only the hardened mass itself.

The margin of the lip, which has a tendency to an ultimate termination in cancer, will be destroyed by rubbing it with a crystal of zinc. Afterward the part will be covered with lint spread with calomel ointment, (hyd. chlorid. mitis ʒij. vel iij. to adeps. ℥j;) applications of the chloride of zinc until the white marked appearance of the cuticle disappears, and the natural bright vermillion appearance returns.

In the earliest stage, when the cancerous mass is very superficial, it may be removed by caustic, a plan often pursued in the earliest stages of the disease.

When the disease invades the glands, after removal of the cancer, it generally occurs in the form of a little tumor, developing itself under the jaw, in one of the glands in front of the masseter muscle. This should be removed at once, because all the absorbents in this region go through that gland; and, if not removed, it will become adherent to the periosteum of the jaw, and all the cellular tissue beneath the jaw will become involved, when no treatment whatever can protect the patient from the fatal consequences of the disease.

CEREBRIFORM CANCER IN THE NECK, FOLLOWING EPITHELIAL CANCER OF THE LIP.

Prof. Pancoast presented a case of cancer which began with epithelioma of the vermillion border of the lip, then extending down into the pulpy tissue, next involving the little gland which is always found situated just in front of the masseter muscle. When first implicated it was movable, of the size of a cherry. Originally these forms of cancer are local in their origin, and not constitutional; and, if at that time it had been removed, that would have been the end to the affection. It has now, however, spread all around the cellular tissue of the neck, involving the periosteum of the lower jaw, and extending as far as the chin.

These epithelial cancers, therefore, when not attended to early, are as dangerous as any other form, perhaps, even more so, because people, in whom they occur, are not disposed to think them of any account, and do not consult a physician until it has gone beyond the reach of medical aid. The original disease is still seen on the lip, and it is only of two years duration.

Nothing can be done for this man. He is doomed to die the most agonizing and distressing of all deaths. He will be poisoned to death by the discharges from his own flesh. The cancerous tumor will ulcerate, involving the jaw-bone; it will break into the mouth, and he will be able to take no food which will not become mixed with the discharges; his lip and cheek will become ulcerated through, his jaw-bone discharging through the orifice. He may live a wretched life for two or three years in the utmost misery imaginable, and without any means or hope of relief. This is the usual history of these cases.

The only advice that can be given him is to take the most scrupulous care of his general health, so as to retard the fatal result as much as possible.

Give him small doses of corrosive sublimate, or, still better, Fowler's solution of arsenic, which has some tendency to retard the growth of cancerous tumors.

When the gland is yet movable it can be taken out, but the risk of its return is great, because we cannot detect the cancer-cells, and if but the nucleolus of a neucleus is left behind, it is sufficient to propagate cells which will reproduce the disease.

These elements of cancer may get into the veins, become mingled with the blood, and be carried to some other portion of the body, causing there new cancerous deposits.

ENCEPHALOID CANCER OF THE LEG.

The patient is a youth, twenty years of age, very much emaciated. A very large tumor, extending from the knee to the ankle, much larger than the leg itself, which it appears to surround.

The tumor presents on its surface the peculiar large blue veins; pulsation determines it to be semi-fluid, not pulsating. It appeared originally as a tumor on the head of the fibula, a part where osteo-sarcoma is frequently met with. It has been coming on about a year.

The boy is but twenty years old, lives in a healthy part of the country, has not been exposed in any way, and does not remember having received any injury upon the limb.

He is exanguine, nearly bloodless; tongue not furred. The tumor has been a constant source of constitutional irritation, which is fast breaking down his health, and dragging him to the grave.

Nothing can be done for his relief but the removal of the limb. When we have this disease in the leg, even when it is confined to the neighborhood of the ankle, we amputate at the knee-joint, as far as the periosteum goes, and even then we cannot be certain that the disease may not return again in some other locality. It seems to be local cancer, but yet it is prone to return.

The glands are enlarged, not more, however, than in the opposite side; this enlargement is not necessarily specific, for any irritation about the leg will induce disturbance of the absorbents and glandular enlargements. This may occur from a small sore upon a toe.

The patient will be put in the hospital, and be given the comfort of a bed, and the quiet of hospital rest and treatment.

He is weak, and will be given the muriated tincture of iron as a tonic, and also as a means of preventing that poisoning of the blood which sometimes follows amputations at the knee-joint in exhausted subjects, pyæmia or purulent infection of the blood.

(*January 9th*, 1861.)

(*See* Reporter, *present volume*, *p.* 429.)

This was a case of amputation at the wrist, in consequence of a gun-shot wound of the hand, in which the vessels were secured by pins. There was no hemorrhage after the removal of the pins.

The patient is doing well and has been discharged.

After a time a hook will be attached to the stump, so that the patient can render his arm of some service.

This was a case in which, on account of laceration of the hand from a pistol shot through the palm, there was destruction of some of the bony structures, instead of amputating, after removing the soft and bony parts irrecoverably injured, the meta-carpal bone of the ring finger was taken away, and its integument used to cover the bared middle finger.

The parts were put neatly together, and supported on a splint; a local dressing of laudanum constituting all the topical treatment.

Everything going on most satisfactorily.

Removal of Medullary Cancer, taking away the Superior Maxillary, the Palate Bone, the Malar Bone, and the Os Ungeis, etc.

(*See* Reporter, *January 19th*, 432.)

There has been a little œdematous inflammation of the lower eyelid, but it is going down. This was a consequence of the division of the absorbents during the operation.

There is more movement of the jaw than previous to the operation.

The cheek is not yet filled up, but is filling by granulations.

The patient has got entirely rid of the gnawing pain, which was a source of constant agony to her.

She has not had a bad symptom and has gone home on her way rejoicing.

Ligature of the Brachial in consequence of a Hemorrhagic Tendency, etc.

(*See* Reporter *for January* 26, *p.* 447.)

This was an amputation just above the wrist joint, in which it was found necessary to tie the brachial artery, after the loss of a large amount of blood. The brachial being double, both divisions were tied.

Both ligatures have come away. There has been no hemorrhage since.

The wounds which were open are gradually closing, the man is gaining strength, and there is at present very little solicitude; but to guard against any return of hemorrhage an assistant is constantly beside him, with a tourniquet ready to be applied the moment any blood should flow.

At the date of this report the last ligature had come away, six days previously.

This was a case in which there were great fears that the patient would die.

In the case of deformity of the lower limbs operated on by division of the pretineous muscle and part of the adductor longus on each side, etc.

(*See* Reporter *for January* 26, *p.* 451.)

There has been no soreness, and the child is able to move her limbs without crossing them.

The construction of the ham string muscles will be endeavored to be overcome by shampooing the limb, rubbing it with camphorated oil composed of a drachm of gum camphor to the fluid ounce of sweet oil.

The limb is to be rubbed up and down, the muscles being compressed with the fingers, and if there is no evident improvement in the course of a week or ten days the muscles will be divided.

Exostosis on the Middle Phalanx of one of the Fingers—Removal.

In exostosis it is found as a rule that the exostoded growth takes the character of the tissue from which it grows.

They often occur on the tables of the skull where they are found hard as ivory, and then they have to be sawed off most laboriously. They have been removed from the body of the

humerus; and sometimes they grow from the ends of the long bones, on the spongy tissue, and there they form tumors filled with fat, like the cancellated tissue from which they grow, and they can be cut off almost with an ordinary pair of scissors.

On the phalanx of the finger, as in the present instance, they may be more or less hard, according as the growth is from the central or terminal portion.

In removing a tumor from the side of the finger it must be remembered that a little to the under side of the phalanx runs the digital artery and nerve, with the pacineum bodies at the ends of the nerves, which are extremely sensitive, and care must be taken to avoid wounding them. It is better, as done in the present instance, to let the incision run back, and stretch the part down so as to avoid the nerve.

As the growth is a consequence of disease in the periosteum, which shoots out into a sort of bag which gives shape to the forming exostosis, the periosteum is sometimes divided and taken from the bone, so that no more calcareous matter can be deposited in that place, and as periosteum is but condensed cellular tissue it may be taken away.

After exposing the part, it was removed by the cutting pliers, and was found to grow from the spongy head of the phalanx, in which there had been great softening of the bony structure. This softened matter was almost like osteosarcoma, and was scraped out with the handle of the knife, leaving a hollow in the phalanx close to the joint.

After closing the part is to be covered simply with laudanum.

POTTS' DISEASE OF THE SPINE.

In the treatment of this disease there is often great propriety in establishing an issue of some sort on the surface of the skin in the neighborhood of the diseased vertibræ. The continued discharge of a little matter in the neighborhood of the diseased bone seems to divert the morbid process. At the same time, quiet and rest in the horizontal posture for several months is required, the patients being fed in the best possible matter, with the most nutritious articles of diet, and quinine should be given as a tonic.

The case before the class was in an infant, and the issue was made with the Vienna paste, 5 parts of quick lime to 6 parts of crystalized carbonate of potassa, and a drop or two of alcohol to make the ingredients mix well.

A couple of plasters spread with diachylon, were placed one just above the tumor of the spine, and the other just below it, with a button hole cavity in the leather, to limit the application of the caustic and protect the surrounding tissues.

As this application, which is the most active of all caustics, is exceedingly painful, a little opium is sometimes incorporated in the paste to diminish the suffering, but it at the same time diminishes the efficacy of the caustic.

The eschar will be covered with adhesive plaster until the slough is discharged, and then some foreign body will be placed in the wound, and retained there to keep up a constant discharge.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D.

DELIRIUM TREMENS.

The third monthly meeting of the society convened on Friday evening, February 15th, the president, Dr. Vanderpoel, presiding. The essay for the evening was by Dr. Alex. H. Hoff, on the subject of delirium tremens.

Dr. Hoff said that circumstances had prevented him from a special examination of his subject, and that he should, therefore, fall back on his experience, in a great measure, for what he was about to offer. It is singular that a disease so common, whose history dates back to the time of Hippocrates, should, in point of pathology, be still a mystery. We do not know in what its intimate nature consists; enough, however, is known to direct us in its general treatment. Authors have variously classed it among the nervous diseases, the plegmasiæ and the pyrexiæ. The view now prevalent is that alcohol, a poison in large doses, is cumulative when habitually taken in small quantities. The doctrine that drinking is the cause and the sudden withdrawal of the accustomed stimulant brings on the attack, is a question yet for consideration, and pains have been taken to prove it incorrect. It is offered in proof that the disease is seldom observed in prisons, notwithstanding the large number of confirmed drunkards admitted there and immediately placed on low diet.

Admit the truth of the toxæmic doctrine, and the conclusion would be unavoidable that the effect of withdrawing the poison would be to remove the danger; and few would claim that a legitimate way of overcoming the toxæmic condition would be to continue the use of the poison. Is there any evidence that the sudden withdrawal of alcohol induces delirium tremens? In the majority of cases, previously to the attack, the stomach becomes excessively irritable and rejects everything. All cases that Dr. Hoff had seen had been accompanied by an inability of the stomach to retain its contents. This implies sudden withdrawal. Has

nature come to the rescue, forbidding the further use of the alcohol, or has disease been induced of which extreme nausea and vomiting is a symptom? This condition may exist for days, or even months, before delirium supervenes.

Can a man have delirium tremens while the system yet tolerates the use of alcoholic stimulus, and is alcohol a poison? These questions are yet to be satisfactorily answered. Will other stimulants produce delirium tremens? Dr. H. narrated an instance where mental emotion, which induced sleepiness, produced a train of symptoms like those of mania-a-potu in a military officer who was strictly temperate in his habits. The patient was treated with cold to the head, opium and broths, until sleep was induced.

Is not delirium tremens an exhausted condition of the nervous system, overworked by exercise and stimulation, accompanied by functional disturbance, the relief for which is rest? Post-mortems throw but little light on the subject. In several cases personally examined, the autopsy revealed only disease of the liver. In regard to the treatment, Dr. Hoff differed indeed as regards the means employed; but, as to the necessity of obtaining sleep, there was but one opinion. The opium treatment has, perhaps, more advocates than any other, from the positive tendency of the remedy to induce sleep. He alluded to the treatment of eleven hundred cases by Dr. J. Edward Turner by baths, friction, and nourishment, without the adjuncts of either opium or stimulus, and also to one hundred and sixty-two cases in the Philadelphia Hospital by Dr. Gerhard by the free exhibition of stimulus, and with only one fatal case. It would be impossible, as in other diseases, to define a system of treatment applicable to all cases; each must rest in the judgment of the practitioner for the plan appropriate to it.

Dr. Babcock, physician to the alsmhouse, said that it was true that, in delirium tremens, the practitioner had no positive pathology to guide him; but that the disease was often complicated with meningitis. In its treatment he never used alcoholic stimulus, but gave opium and digitalis in full doses, and sustained the patient by a liberal diet.

Dr. Swinburne remarked that, formerly, he had used opium, but with general unfavorable results. More recently, the plan he pursued was to induce sleep by the inhalation of chloroform, administering it until a complete anæsthesia was produced. He endeavored to surround his patient with pleasant company, and gave a liberal diet. In mild cases, he resorts to the alcoholic stimulus, milk-punch, and at all times gave it the preference over opium.

Dr. H. March read extracts from an interesting article by Dr. Willshire, as reported in Braithwaite, part 42, page 49, on alcoholism, with some practical suggestions as to the right on both sides.

Dr. Lansing observed that, while connected with a public institution in New York, about ten cases came under his observation, most of which were treated by opium and free diet. Doubtless the disease is sometimes partly induced by moral causes, while the free use of tobacco may contribute to the same result. In such cases opium would rather be indicated than alcohol.

The society were pleased to welcome to their meeting, just before its close, Dr. J. Marion Sims, of New York, whom the profession all know, and "know but to love."

STATE LUNATIC ASYLUM, TAUNTON, MASSACHUSETTS.

(Compiled for the Medical and Surgical Reporter, from the Report of Dr. George C. L. Choate.)

GENERAL STATISTICS.

The whole number of patients treated at the State Lunatic Asylum, at Taunton, has been 586—males, 295; females, 291. The number of patients admitted during the year is 245—males, 130; females, 115. The number of patients discharged during the year is 176—males, 78; females, 98. Number of patients died during the year 47—males, 25; females, 22. Number of patients eloped during the year, 2; both males. Number of patients remaining, 361—males, 190; females, 171.

101 have been cured and discharged during the past year.

STATISTICS OF RECOVERY.

The following table will show the proportion of recoveries for each year since the opening of the institution:

	Whole No.	No. Admitted.	Cures.
1854 - - -	210	330	36
1855 - - -	251	167	70
1856 - - -	280	185	62
1857 - - -	312	207	82
1858 - - -	328	223	84
1859 - - -	335	231	98
1860 - - -	365	245	101

Now, well may Dr. Choate say, "What better proof could we have than the results of the last six years that insanity is a disease susceptible of medical treatment, and equally curable, when attended to at the proper time, and in the proper way, with other diseases to which our bodily frames are liable."

MANAGEMENT—DIET.

In the management of the insane little can be added to the general mode. Mildness and gentleness, the abolition of all restraint, so far as consistent with the safety and real good of the patient, the total prohibition of everything which can be construed to mean punishment,

and the avoidance of a reliance upon depleting remedies to secure quiet, are the governing principles of Dr. Choate's treatment.

The following is a table showing the diet of each day in the week, as prescribed by the Board of Trustees:

Sunday.

Breakfast—Coffee or broma, baked beans and pork, bread and butter.

Dinner—Corned beef and vegetables, pies and cheese, bread.

Supper—Tea, bread and butter, gingerbread.

Monday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Roast beef and vegetables, rice and molasses, bread.

Supper—Tea, bread and butter, cheese.

Tuesday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Soup and vegetables, baked pudding, fruit.

Supper—Tea, bread and butter, doughnuts.

Wednesday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Salt fish and vegetables, rice and molasses, bread.

Supper—Tea, bread and butter, cheese.

Thursday.

Breakfast—Coffee or broma, minced fish, bread and butter.

Dinner—Roast meat and vegetables, rice and molasses.

Supper—Tea, bread and butter.

Friday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Soup and vegetables, baked pudding, fruit.

Supper—Tea, bread and butter.

Saturday.

Breakfast—Coffee or broma, boiled eggs, bread and butter.

Dinner—Fresh fish and vegetables, rice and molasses.

Supper—Tea, bread and butter.

The sum of two dollars and seventy-five cents is the average rate of board received, and furnishes the whole income of the institution, nothing beyond this being received from the State or any other source.

The following table shows the character of insanity in those admitted.

1860.	Males.	Females.	Total.
Mania,	81	70	151
Melancholia,	14	16	30
Monomania,	—	—	—
Dementia,	35	29	64
Totals,	130	115	245

The following table will exhibit the character of the disease in those discharged, recovered, and improved, during the past year:

	Mania.	Melancholic.	Monomania.	Dementia.
Recovered,	85	16	—	—
Improved,	9	3	—	15

CASES OF INTEREST—CURIOUS DELUSIONS.

A few cases have occurred during the year, of such marked peculiarity, as to deserve particular mention.

One of these, a young lady of more than ordinary native intelligence, and of considerable cultivation, is firmly possessed of the idea that her hip is dislocated, and that she is helpless. So prominent and urgent is this delusion, that at first sight one would be inclined to place the case in the class of monomania, but further examination discloses other not less curious but more latent delusions.

Another, a man of little education, after attending a horse-race and becoming intensely interested in the result, returned home firm in the belief in the marvelous speed which he could develop by proper training in a favorite mare, and immediately began to devote himself to the task of bringing out her latent powers by the administration of the most rich and costly articles of food and expensive wines and liquors. His interest in his self-imposed task, in the course of a week, reached such a height that neither night nor day could he be induced to desert his post by the side of his pet; and when urgent persuasion was tried he became exceedingly violent and dangerous.

This case, too, on the face apparently monomonia, shows, to a deeper scrutiny, the marks of the initiatory stage of permanent general disease, of which his strange conduct is merely one of the symptoms.

But one homicide, and that a mother, who, in a phrenzy of puerperal mania, destroyed her child, has been received during the year.

Fifty-four patients, nearly one-quarter of the whole number, had been insane more than one year before admission. In these, of course, little hope remained of permanent recovery, nearly all of them having fallen into a condition of hopeless dementia or idiocy.

RECOVERY AFTER EIGHTEEN YEARS OF DISEASE—REMARKS.

A remarkable case of complete recovery after eighteen years of disease occurred during the year. Such cases are mentioned by some of the French writers, but they are alluded to merely as remarkable and exceptional cases, and are seldom seen or recorded even in hospital reports. The case was one of periodical mania, of excitement, alternating with depression, not differing materially from many of the same class, which are at all times inmates of the hospital. The patient has now been perfectly well for ten months, and occasionally writes to her friends whom she has left there.

Notwithstanding the occasional occurrence of recovery in cases of considerable duration, it cannot be too frequently impressed upon all that the time for treatment is in the early stage of the disease. During the first three months, if we except certain cases depending upon fatal organic physical disease, insanity is the most curable of all acute diseases, the chances being nine to one in favor of recovery, while, after a year, so little hope remains, that in some European hospitals all such cases are rejected as being no longer fit subjects for medical treatment.

In estimating the probability of recovery or permanent disease, the first and most important question is, how long has the patient been insane?

SUICIDE.

But one case of suicide has occurred during the year. Known to be suicidal, the most particular and unusual precautions had been taken to secure her safety; but with the cunning which remains often after all else has fled, she managed to elude every guard, and accomplished her purpose by strangulation with her dress.

During the past year thirty-seven of this class of patients have been received into the hospital. This, however, only includes those who have been known to make some attempt, or who had shown a decided disposition to self-injury before admission. In a large number of others the propensity exists, but in a more latent and concealed form, and hence is still more difficult to guard against.

AGES OF PATIENTS.

Between the ages of twenty and forty-five have occurred more than half of all admitted. Among the inmates there are three physicians; the greatest number belong to the laboring class.

Two hundred and fifty-nine cases are those of acknowledged intemperate persons.

M.

EDITORIAL DEPARTMENT.

PERISCOPE.

FURTHER EXPERIMENTS RELATING TO THE DIURETIC ACTION OF COLCHICUM.

By William A. Hammond, *M. D., Professor of Anatomy and Physiology in the University of Maryland.*

In the Proceedings of the Academy of Natural Sciences, of Philadelphia, for November, 1858, I gave the results of a series of investigations relative to the diuretic properties of digitalis, juniper, squill, and colchicum, by which it was shown that the latter alone possesses the power of increasing the amount of organic matter eliminated by the kidneys. From this circumstance, the argument was adduced that this substance, of all those experimented with, was the only one that could be regarded as a true depurator of the blood.

The results obtained by earlier investigators cannot be regarded as satisfactory, owing to the faulty manner in which their analyses were made. The urine was concentrated by heat, and thus a large quantity of its organic matter underwent decomposition.

Since the publication of my experiments, Dr. Garrod, of London, has studied the physiological action of colchicum; but, led away by his theory of the nature of gout, he limited his researches mainly to the determination of its influence over the excretion of uric acid, which, as is well known, forms but a small proportion of the total amount of organic matter excreted by the kidneys. As the result of his investigations, he announced that colchicum does not increase the quantity of uric acid contained in the urine, and that it is not by any action on the kidneys that the remedy in question exerts its curative influence in gout. His result, as relates to the uric acid, does not, so far as I know, conflict with mine, as I did not separately determine the quantity of this substance present; but his conclusion that colchicum is not a diuretic in the true sense of the term, is certainly not borne out by his own experiments, and is directly at variance with those which I performed.

It was, therefore, obviously necessary that additional investigations should be instituted, and I accordingly undertook the task of furnishing further contributions to the subject. Before proceeding to detail these, I desire to call attention to the valuable memoir of Prof. Austin Flint, in the number of this journal for November, 1860, entitled "*Clinical Researches on the Action of Diuretic Remedies.*" In this essay, in addition to much other valuable matter, the conclusion at which I had arrived relative to the action of colchicum is confirmed—Prof. Flint finding it to produce a marked increase in the amount of solid matter eliminated by the kidneys, without, however, increasing the quantity of water of the urine.

The investigations to which the present paper relates, consisted of experiments upon adult males in a good condition of health. In all cases, tincture of the seeds of the *colchicum autumnale* was given.

The determinations made were the following:—1st, the quantity of urine; 2d, its specific gravity; 3d, the total amount of solid matter; 4th, the quantity of inorganic matter; 5th, the quantity of organic matter; 6th, the amount of uric acid.

The quantity of urine was determined in cubic centimetres.

The specific gravity was ascertained by means of the specific gravity bottle and a delicate balance.

The total amount of solid matter is given in grammes, and was determined in the following manner:—Ten cubic centimetres of the urine were evaporated to as complete dryness as possible *in vacuo* over sulphuric acid, and the residue accurately weighed. By simple proportion, the amount of solids in the whole quantity of urine was easily ascertained.

Although it is impossible to get rid of all the water by this process, the quantity remaining is extremely small, and the results obtained are far more accurate than those obtained by evaporating to dryness in the water-bath, as generally practiced. No matter how carefully this latter process is conducted, the loss of urea by decomposition is always an important item, and involves far more serious errors than the imperfect desiccation by the former process.

For the determination of the amount of organic and inorganic matter separately, the solid residue obtained as above was mixed with ten or fifteen drops of moderately strong nitric acid, and gently heated till the mass was well dried. The heat was then gradually raised till all the carbon was consumed, and the mass, in consequence, became white. It was then cooled *in vacuo* over sulphuric acid, and weighed. The inorganic matter was thus determined, and the loss showed the proportion of organic substance.

The quantity of uric acid was determined by adding chlorhydric acid to a known volume of urine.

The first experiments were instituted upon myself. In three days immediately preceding their commencement, the average quantity of urine for each day was 1425 cubic centimetres; of specific gravity, 1021.73; the average amount of solid matter was 64.28 grammes, of which 30.18 were inorganic, and 34.10 organic substance; the average amount of uric acid excreted for each period of twenty-four hours was 0.77 gramme.

During the experiments with the colchicum, my manner of living was not materially altered from that of the three days above referred to; *i. e.*, I ate the same food and took the same amount of exercise, and endeavored to make all the collateral circumstances the same, so as to ascertain as nearly as possible the exact effect produced by the colchicum.

First Day.—On this day I took one fluid drachm of the tincture three times; at 8 A. M., 2 P. M., and 10 P. M. The total quantity of urine excreted was 1685 cubic centimetres, of which the specific gravity was 1021.50; the total amount of solids was 70.15 grammes, of which 30.90 were represented by inorganic and 39.25 by organic matter; the quantity of uric acid was 0.81 gramme.

Second Day.—One and a half fluid drachms of the tincture were taken, as on the previous day. Quantity of urine, 1720 centimetres; specific gravity, 1020.87; total solids, 75.29 grammes; inorganic solids, 32.44 grammes; organic solids, 42.85 grammes; uric acid, 0.69 gramme.

Third Day.—Same quantity of colchicum taken, as on the previous day. Quantity of urine, 1784 cubic centimetres; specific gravity, 1022.57; total solids, 80.13 grammes; inorganic solids, 35.11 grammes; organic solids, 45.03 grammes; uric acid, 0.82 gramme.

Fourth Day.—On this day the quantity of colchicum was reduced to half a fluid drachm—taken as before. Quantity of urine, 1540 cubic centimetres; specific gravity, 1023.17; total solids, 69.23 grammes; inorganic solids, 31.09; organic solids, 38.14 grammes; uric acid, 0.78 gramme.

Fifth Day.—On this day the quantity of colchicum was increased to one and a half fluid drachms of the tincture before mentioned. Quantity of urine, 1698 cubic centimetres; specific gravity, 1023.68; total solids, 76.14 grammes; inorganic solids, 33.26 grammes; organic solids, 42.88 grammes; uric acid, 0.76 gramme. On this day there was some derangement of the general health, manifested by increased heat of skin, fever, and severe abdominal pains. There was also a little diarrhœa. The experiments were, therefore, discontinued.

From an examination of the results obtained by the foregoing investigations, the effect of the colchicum upon the urinary excretion cannot fail to be perceived. The conclusions which I think may be formed are:—1st, that the colchicum increases the quantity of urine; 2d, that it increases the total amount of solid matter eliminated; 3d, that this increase is mainly due to an augmentation of the organic matter; 4th, that the amount of uric acid does not appear to be affected.

These conclusions are rendered much more probable from the fact that, on the fourth day, when the quantity of the tincture of colchicum taken was reduced one-third, the effect upon the urine was less decidedly marked; and that when, on the fifth day, it was again augmented to a drachm and a half, the urinary excretion was materially increased in quantity, and the solids, the organic especially, remarkably raised in amount. The relation of cause and effect would therefore appear to exist; and, accordingly, it would be contrary to the principles of sound reasoning to assert that the change in the composition of the urine was accidental. It is, doubtless, true that the urine changes greatly from day to day, and even from hour to hour; but this fact is due to the other fact, that we are constantly varying our food, exercise, &c. When, however, as in the investigations cited in this paper, these circumstances are fixed, and only one difference exists between the ordinary mode of living and that practiced during the continuance of the experiments, we

are fairly justified in attributing any change in the urine, or in any other excretion, to the influence produced by that difference.

In the next series of experiments, the effect is just as directly shown, though, for reasons beyond my control, they were not continued as long as was desirable.

The subject of these experiments was a young man, 23 years of age, and weighing about 140 pounds. Before taking the colchicum, I examined his urine whilst he was taking a fixed quantity of food and exercise, he being at the time an attendant in the hospital under my charge. As the results of these examinations for three consecutive days, I obtained the following as the averages for each day:—Quantity of urine, 989 cubic centimetres; specific gravity, 1020.14; total solids, 51.20 grammes; inorganic solids, 22.45; organic solids, 28.75; uric acid, 0.47 gramme.

First Day—On this day one drachm of the tincture of colchicum was taken three times; the effect upon the urine was as follows:—Quantity, 1021 cubic centimetres; specific gravity, 1024.18; total solids, 63.25 grammes; inorganic solids, 23.57 grammes; organic solids, 40.68 grammes; uric acid, 0.59 gramme.

Second Day.—One and a half drachms of the tincture were taken to-day three times, as previously. Quantity of urine, 875 cubic centimetres; specific gravity, 1026.11; total solids, 60.25 grammes; inorganic solids, 20.38 grammes; organic solids, 39.87 grammes; uric acid, 0.51 gramme.

On this day diarrhœa was produced. This was of quite a severe character, and, in consequence, the colchicum was not further continued.

The remarkable effect of the colchicum in increasing the amount of organic matter excreted is, however, very decidedly shown. This increase is so great as to render the probability of its being accidental extremely small, and we cannot do otherwise than regard it as being directly due to the influence of the colchicum.

The details of the third case in which the colchicum was given, have been, unfortunately, mislaid. I am, however, enabled to state with certainity, that the same well-marked effect over the amount of organic matter excreted by the kidneys was exerted as in the cases, the particulars of which have been given in full. The experiments were continued for six days, with variable quantities of the tincture.

What are we to infer from these investigations? It appears to me that the conclusion may be admitted that colchicum is a true depurator of the blood, and hence we have an explanation of its good effects in those blood diseases, gout and rheumatism.

It is seen that no constant effect was produced upon the quantity of uric acid eliminated, and hence these experiments do not conflict with those of Dr. Garrod. We are not, however, bound to admit that the presence of uric acid in the blood in increased amount during a paroxysm of gout or rhumatism, is the cause of that paroxysm; and consequently, because colchicum does not increase the quantity of this substance found in the urine, we are not to suppose that the remedy in question does not exert its influence through the kidneys.—*American Medical Monthly.*

INTERESTING CASE OF ALLEGED POISONING BY OPIUM—OPINION OF DR. CHRISTISON.

The following is an interesting case in a medico-legal point of view. We take it from the Dublin *Medical Press.*

A Coroner's Inquest.—An inquest was held at the Faulkner's Arms, Bishops-fields, near Chester, on Friday last, before Mr. Henry Churton, coroner, on the body of Fanny Bruce Sutcliffe, a child six weeks old, which had died on Wednesday morning. From the evidence adduced at the inquest, it appeared that the mother of the child had been suffering from inflammation in the side, and Dr. Watson, who attended her, had prescribed some pills containing compound ipecacuanha powder, and had ordered a fomentation for the side composed of laudanum and gin. The child was put to the breast immediately after the medicine had been administered and the fomentation applied, and, about half-past four o'clock, fell into a sleep from which it never awoke, and it died about nine the next morning. The jury returned for their verdict—"That the deceased died from the effects of the absorption of laudanum externally applied to Fanny Sutcliffe, the mother of the said child; and the jurors are of opinion that Dr. Watson is culpable for not having given more specific directions as to the quantity of laudanum which should have been used as an external application, knowing the said laudanum to be a deadly poison.

Dr. Watson's Report.—On November 27th last, I was called to see a lady I was in the habit of attending, the mother of the child whose decease was the subject of the coroner's inquest. The child was about six weeks old, and the mother had very sharp symptoms of disordered alimentary canals, owing to partaking twice of crude uncooked vegetables. She complained of severe pain and excessive tenderness in the right side—so great that she could not turn in bed—and I diagnosed obstruction of the head of the colon, and directed my treatment accordingly. The following was ordered: calomel, three grains, Dover's powder twelve grains, to be made into a mass and divided into three pills, two of which were to be taken as soon as possible, and the third an hour afterwards. These to be followed by a castor-oil draught and a fomentation of laudanum and gin to her side to be used thus: a piece of linen or calico, the size of a common letter envelope, five inches by

three, was to be sprinkled with laudanum, and then about a teaspoonful of gin to be poured over it. To be repeated, if the pain was not relieved. Whilst giving my directions the inquiry was made—"What about the infant?" "You anticipate me," I replied; "do not let the child suck whilst the pills can have affected the system." Next morning I was fetched to the dead child. The mother had been rendered only a little drowsy, without sleeping, yet the pain was much relieved, and the bowels had been twice moved. It appeared from the depositions the child was affected with the snuffles from its birth, by the admission of the mother, and lately with troublesome flatulence, owing to her own disordered digestion. Galvanism being applied to the spine after death, a quantity of mucous discharge issued from the nostrils, whilst the face was prone.

Letter from Dr. Christison,—"Dear Sir:—You will think me slow to answer your letter: the truth is I have already twice nearly concluded a reply, but destroyed it on observing that I had somewhat uncompromisingly censured the coroner's jury, who, after all, cannot help that, in such a matter, they are ignorant *quoad-hoc*, and who judged according to their lights. The verdict of the inquest must proceed on one of those views, so far as I understand it. Assuming that death arose from the action of opium, the verdict must hold—first, that a sucking infant may be poisoned sucking opium unto death by its mother's milk, and without the mother experiencing any effect at all from the drug: or, second, that an infant may die of poisoning with laudanum through exposure to its vapor or fumes; or, third, that in this particular instance death arose from the child sucking, licking, or lying in contact with the pledgets oversoaked with laudanum. But I do not know a single fact in the records of medicine to support the first of these views. There are positive facts against the second. Orfila, long ago showed that the emanations from opium and its preparations cannot cause poisoning; and I have often been exposed for hours, daily, to the emanations from large quantities of opium preparations without experiencing any effect whatever. The third view is the only feasible mode of concerning poisoning with opium in such a case as this. But death could not arise in that way without traces of the manner of exposure to the influence of the poison being discovered; and no such evidence was found, and, indeed, none seems to have been sought for on this occasion. In the absence of positive, or even presumptive, proof of the manner in which the laudanum could have acted, the question of natural death fails to be considered. But here the inquiry is altogether at fault. Infants *will* die suddenly or rapidly, in a very obscure way, from natural causes; such cases may imitate poisoning; they require great care in the investigation; and, sometimes, with every possible care, the truth cannot be satisfactorily discovered. But a skillful inspection of the dead body is the most likely of all means for making the discovery; and, nevertheless, this measure was wholly neglected. Such neglect vitiates, in my opinion, every conclusion which can be drawn from the other evidence; and hence, were there a 'court of review' in England, as on the continent, for checking erroneous verdicts, I have no doubt this verdict would be quashed. You inform me that the coroner claims for his jury that they decided the case by the rules of common sense; but common sense, in such a question as this, must be according to established medical fact and doctrine. 'If common sense do not judge in that way, it is certain to result in some very uncommon nonsense.' I rather imagine the coroner meant that his jury judged by intuition; for many people make the mistake of confounding the two guides. But intuition can no more enable an ignorant coroner's jury than a profound medical philosopher to solve an intricate and novel medical question, either of fact or theory. As for the imputation thrown upon the medical attendant by the verdict of the inquest, such a result is simply ridiculous, in the circumstances as put before me.

"I am, yours truly,

"R. Christison.

Edinburgh, Dec'r 19, 1860."

At the meeting of the Chester Medical Society, the following resolution was proposed, seconded, and carried unanimously: "That this meeting having read the depositions taken before the coroner in the case of Fanny Bruce Sutcliffe, an infant, and having heard Dr. Watson's explanation of the case, is of opinion that Dr. Watson is not to blame in his treatment and management of the case, and that he has shown every caution necessary. The meeting is also of opinion that in consequence of there not having been any medical witness produced before the coroner, the jury gave their verdict without sufficient evidence, the mother and an old woman who acted as nurse being the only witnesses examined.

Anæsthetics—Hall's Ready Method in Suspended Respiration.

Dr. David Prince, of Jacksonville, Illinois, communicates to the Chicago *Medical Examiner* some interesting statements about his use of anæsthetics. He says that immediately upon the introduction of chloroform in surgical operations by Prof. Simpson, he relinquished the use of ether in its favor. Though he never saw any unhappy results from its use, he became alarmed at the reported fatal results caused by it, and adopted the formula of three parts of ether to one of chloroform, *by bulk*, as recommended by Dr. Mussey, of Cincinnati. This he has used for ten years.

In the following cases, Dr. Prince demonstrates the utility of Marshall Hall's Ready Method in suspended respiration, under the use of anæsthesia:

"In two cases, respiration ceased while patients were under the influence of this mixture. In the first of these cases, the patient lying upon his side, horizontally, was undergoing an operation for excision of a cancer of the lower lip, and the formation of a new lip. The respiration suddenly ceased. No time was lost in turning the patient over, *to* and *fro*, according to Marshall Hall's "Ready Method." The patient breathed again, and the operation was proceeded with. I, at the time, attributed this to blood in the glottis.

"In the next case, the patient was lying upon a bed, about to undergo amputation of the leg. The assistant, who was administering the anæsthetic, said that the patient did not breathe. The patient was immediately turned upon his side, upon his face, and back upon his side, and then upon his back, repeating this process to and fro about sixteen times a minute, and pausing a little each time the patient came upon his back, side and face. Not many of these semi-revolutions were required, to restore respiration, which commenced with a gasp. A methodist minister, who was standing by as a spectator, remarked that the patient had been nearly enough 'across the river, to hear the horn blow on the other side.'

"As soon as respiration was completely restored, the operation was proceeded with, more of the anæsthetic being administered as it was needed.

"*A Fatal Case.*—A dog was being rendered insensible for a surgical experiment, when his breathing was noticed to cease. He was immediately turned over, to and fro, and the breathing commencing with a gasp, went on as before. The experiment was then performed, and the dog made a good recovery. At another time, the same dog was undergoing a different experiment, when his breathing was noticed to cease. He would have been instantly turned over, as on the former occasion, but that it was a little inconvenient to stop the process for that purpose. The blood did not flow as freely as it was expected to do, and the process, (testing Simpson's *acu-pressure* for controlling hemorrhage,) was suspended to turn the animal over, but to no purpose; too much time had been lost. If the "Ready Method" had been resorted to immediately on the cessation of respiration, I have no doubt it would have been as effectual as in the other instance, with the same dog. A little impatience at being interrupted cost the animal his life.

"It follows that a man of caution, who entertains these views, will never give a patient an anæsthetic with such surroundings as to render it impracticable to turn him over, to and fro, upon the occurrence of any, (even suspicious,) flagging of respiration.

"What has been said, leads to the inference that all other restoratives are practically excluded, except those which may be resorted to at the same time.

"The patient may be slapped upon the back, and cold water may be dashed upon the face, at the same time that the semi or quarter rotations are being practiced, and they are, therefore, appropriate enough, as *auxiliaries*, to the "Ready Method."

"What about applying a bottle of ammonia to the nose—of giving the patient a drink of brandy when he is not breathing? How much vapor of ammonia will go into the nostrils in the absence of inspiration, and where will the brandy go more readily than into the larynx under these circumstances?

"The *fatal* objection to these or any other remedies which take place of artificial respiration, is, that these uselessly squander the only few moments during which respiration can be restored.

"Upon the theory that the heart first ceases its function, and the lungs afterward theirs, the question is, whether the *first few moments* shall be spent in rolling the patient over, thus applying that heart-stimulant, which arises from the continuance of the flow of blood through the lungs, thus draining the heart of blood on one side, and replenishing it with blood upon the other; or whether they shall be spent in getting ready a galvanic apparatus with which to *shock* the patient,—any man sees the decision of the question in its very statement.

"The *first few moments* must be applied in keeping up the respiration, and there is but one means of doing this on the instant. The seconds of time diminish in value in a rapid ratio, and the very first second may be employed in turning the patient over—thus securing a change in the amount of air in the lungs, by the necessary motion of the ribs and diaphragm during the change of position, and this change in amount of air is respiration."

LANCING GUMS—*By Julius Dienelt.*

Having read an article on lancing gums, by Dr. J. D. White, in a previous number of the Dental Cosmos, in which he advocates lancing the gums before extracting teeth, and knowing how indispensable it is to do so, we would give the following case in illustration of the aforesaid. It happened to us but a few weeks ago: The patient being a youth about sixteen years of age. He applied to us for the extraction of the first right inferior molar. As the tooth in question appeared to be set very firmly, we lanced the gums well all around, except between it and the second bicuspid, where we could not get with our lancet; the forceps were applied, and the tooth drawn quite readily. Upon examining the tooth, however, we were surprised

to see the bicuspid firmly united to it, by a flap of hard granulated gum; both teeth had thus been drawn simultaneously. So firmly was the gum united to both teeth, that it required considerable force to cut it loose from them.

The tooth thus accidentally dislodged proved to be perfectly sound, so that we thought it best to slip it back into its socket, requesting the patient to inform us in a short time how the tooth was getting on. Up to this time the tooth is doing well, and has become quite firm again. We have made up our mind, since this occurrence, which at the time we regretted very much, to be more careful than ever to lance the gums well before extracting teeth.

NEW TREATMENT OF DIPHTHERIA.

Dr. J. C. Calhoun, of Ringgold, Georgia, recommends, in the Nashville *Journal of Medicine*, the following treatment in diphtheria. The *principle* of the treatment is, however, by no means new:

"℞—Two tablespoonsful of fresh tar;
The yolk of an egg.

S. Spread on a piece of coarse cloth, cover it with a piece of old muslin, and apply to the throat.

"This plaster should be renewed once in eight hours. If the subject is an adult, direct him to use a strong decoction of cayenne as a gargle every two hours. For children, a weaker decoction should be used, and applied to the throat with a mop. This, together with keeping the bowels in a soluble condition, will as certainly cure diphtheria, as quinine will arrest intermittent fever."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 2, 1861.

THE AMERICAN MEDICAL ASSOCIATION.

The *fourteenth* annual meeting of the Association will be held in Chicago on the first Tuesday in June next. We trust and believe that there will, on that occasion, be a full attendance of delegates and permanent members from all parts of the country.

That the Association has always had its enemies, has been a proof that it was accomplishing *something*, and that that something has been *good*, is evidenced by the fact that it has the cordial sympathy and support of the best men in the profession throughout the country. Much of the opposition to the Association has come from men who are connected with medical teaching, and has found expression through the pages of their representative medical journals. Why, if they are desirous, as they certainly should be, of elevating the status of the profession, they should oppose the Association, we cannot conceive. This opposition to the Association, and fear of its influence, lead to the suspicion that in some, at least, of our medical schools there are defects in teaching that their faculties are desirous of perpetuating. Some of these opponents of the Association are trying, of late, to bring national politics to bear unfavorably on its prosperity and usefulness. We do not think, however, that they will succeed. The Association has no connection, and will have none, with the politics of the country. It is an independent body, as all scientific bodies should be, is perfecting its plan of organization, and is rapidly gaining the good will of the whole profession.

Whatever political changes an all-wise Providence may have in store for our beloved country, we see no reason why there should not still be an *American* Medical Association, taking into its embrace not only all parts of our own land, but the adjoining British, Spanish, and Mexican possessions. Ours is an empire of science. National boundaries need not check its progress.

If it shall be our good fortune to be at Chicago, we expect to see all the officers of the Association in their places, and a fair representation of the profession North, South, East, and West, and we trust that the Committee of Arrangements will follow the example of the Detroit committee, when the Association met in that city, and invite the presence of the medical profession of the British Provinces.

The object of the migratory feature of the Association is to develop in different sections of the country an interest in its objects and aims, and it is expected, of course, that the particular section of country in which the meeting is held will be more largely represented than any *one* other section. The Northwest will, therefore, have a preponderating influence in the

approaching meeting of the Association, and, if that body will imbibe something of the energy and the spirit of progress that characterizes that section of country, its meeting in Chicago will be a profitable one, even if no other direct good should result from it.

In regard to the Presidency of the Association, one of our cotemporaries* seems to have tried to develop a rivalry between two prominent physicians of Chicago, connected with the two medical schools in that city. We trust that this effort, which is calculated to mar the usefulness and pleasantness of the meeting will meet with no countenance on the part of the profession of Illinois.

We wish the Association would elect its presidents by ballot, *without the intervention of nominating committees in any form*, and thus get a true indication of the wishes of a majority of the delegates.

☞ We are still very much in need of copies of the Reporter of October 6, 1860—the first number of the current volume—to supply new subscribers, for which we will cheerfully pay ten cents per copy. Readers, who may have that number to spare, will confer a great favor on us by forwarding it to the address of the Reporter.

We have kept a list of those who have applied for that number, and will supply them as rapidly as we can.

Correspondence.

THE RECENT EXAMINATION IN THE CENTRAL HIGH SCHOOL.

Messrs. Editors:—If an individual occupying a position in a public institution answered every attack made upon him by the press, he would have time for little else. Heretofore I have refrained from replying to statements which have appeared in journals of the day, believing that, with inconsiderable exceptions, such were the result of either prejudice or ignorance.

I shall, however, deviate from my usual course on the present occasion, and prepare a reply to an article which appeared in your issue of February 9, 1861, entitled "Mental Hygiene and Public Education."

The Philadelphia *Inquirer*, of January 31, 1861, contained a number of questions prepared by the various professors of the High School. Some of said questions were employed during the examination of candidates for admission, and others were proposed to the graduating class. I have not the *Inquirer* of the above date before me now, but am convinced that the questions in "Mental Philosophy" were designated as having formed a part of the "Final Examination of Division A"—the graduating class. Now, gentlemen, permit me to explain to your readers the true state of the case, and then contrast it with the statement made by you.

The ten questions on "Anatomy and Mental Philosophy" (the first part of the title was omitted by the *Inquirer*) were proposed to a class of young gentlemen who had been pupils of the High School for four years, who, from the beginning of their course, had received lectures on Anatomy, Physiology, Moral and Mental Philosophy, delivered either by the venerable Professor McMurtrie or myself, and who, on the 14th of February, 1861, received the degree of Bachelor of Arts. The ages of the members of this class varied from 18 years and 6 months to 23 years.

You assert that the questions were proposed "to the Central High School candidates." Now, what do we understand by a "candidate?" A boy, seldom more than 13 or 14 years of age, who, having devoted his attention to Arithmetic, Mensuration, Geography, History, etc., etc., in a Grammar School, seeks *admission into the High School*. Now, who among your readers could for an instant suppose that such questions as have been alluded to were ever intended for "candidates?" I very much regret that you did not seek information on the subject before you published an article which is calculated to injure me, and the reply to which, I trust, you will do me the justice to publish.

A word concerning the questions themselves. A single glance will show that they refer in the main to two subjects: First, Intemperance, and, second, Vision. What subject better calculated to impress young men about to commence the journey of life on their own account than intemperance? In what better way can a teacher illustrate the evils of intemperance than by describing the hallucinations, the tremors, the fear of impending evil, and the loss of sleep experienced by the subject of mania-a-potu?

As to the questions of "congestion, chronic inflammation, or molecular changes," which you allude to, I have only to say that my design is to give a general description, a bold outline, to explain the philosophy of the matter, and not to detail the views of authors on "mooted questions." When I have explained the fact that delirium tremens is a state of mental depression, shown how that depression is

* Since deceased; *de mortuis*, etc.

brought about, and illustrated the danger to which every man is exposed who habitually uses alcoholic stimulants, I have accomplished all that I deem desirable.

It is my custom to describe the organs of sense in conjunction with the discussion on sensation, and as vision occupied our attention during the last term, the anatomy of the eye became a proper subject of examination. The same remarks made concerning delirium tremens will apply to the anatomy of the eye. The description given was, in the main, general, i. e., I desired to make the class well acquainted with the relation of parts rather than give them a minute description of the various portions of the eye.

Happening, however, to have a large drawing of Jacob's coat, I explained it to the class, and the pupils were just as able to make a sketch of the coat, and describe it, as anything else which appealed to their senses, and all this, too, without any danger of overtaxing their brains.

You object to the cramming system, but not more than I do. My constant effort has been, and is, to offer instruction in such a manner as shall improve, and *really* educate, and not merely make the minds of pupils huge dictionaries of high-sounding phrases without meaning. It is only a year since I wrote, delivered, and published an essay on "Educational Fallacies," (a copy of which I sent you,) in which cramming and its kindred errors were severely censured. I do not believe I am guilty of the sin so loudly condemned. One reason why I desired my pupils, at the recent examination, to make *a drawing* of the ciliary ligament was founded on this very principle. Any boy can study a printed description of a ligament, but if he can make a correct drawing of the same, he must have a true knowledge of it.

When the readers of the Medical and Surgical Reporter remember that the High School is an institution which seeks to give its pupils a knowledge of the various sciences, including Anatomy, Physiology, Chemistry, Moral and Mental Philosophy, etc., etc., I do not fear that I will be censured, after this explanation, for proposing to a graduating class ten questions such as have been referred to.

I am, very truly,

Edward W. Vogdes, M. D.,

Professor of Moral, Mental, and Political Science.

Central High School, Philada., Feb. 19, 1861.

MASSACHUSETTS CORRESPONDENCE.

RAINSFORD ISLAND HOSPITAL.

Boston, Feb. 23, 1861.

I purpose giving you this week a report of the Rainsford Island for the last year. This institution was originally established as a hospital for the reception of the pauper sick of the State, but for some reason the Alien Commissioners send a large portion of the sick to the different almshouses. The hospital is admirably situated on Ranisford Island, in Boston harbor, about six miles from the city, connection being made by a small steamer hired by the State for that purpose. Dr. Lemuel Barker is Superintendent and Physician, and Dr. Winslow Lewis, of Boston, one of the Inspectors of the Institution.

The number of patients admitted during the past year is 809—males, 420; females, 389.

Remaining at commencement of past year, 159—males, 77; females, 82. Discharged, 730—males, 376; females, 354.

Remaining at the commencement of this year, 147—males, 75; females, 72.

Whole number of patients under treatment during the year,	968
Greater number at any one time,	210
Least number,	147
Weekly average,	169
Whole number admitted from 1854 to 1861,	5117
The number of deaths during the year,	91
" births " "	23

Of those who died, there were—males, 51; females, 40.

Among the diseases had under treatment are the following—Typhoid fever, 15; typhus fever, 3: diphtheria, 3; strangulated colon, 1; pneumonia, 20; small-pox, 158; syphilis, 136.

The following is a general oversight of the diseases treated:

General Diseases—Fevers,	22
Constitutional Diseases,	26
Diseases of Digestive System,	40
" Absorbent,	10
" Respiratory,	82
" Circulatory,	6
" Organs of Secretion,	13
" Skin,	12
" Liver,	7
" Nervous System,	136
Surgical Injuries,	49
Surgical Diseases,	173
Diseases of the Eye and Ear,	39
" Anus,	6
" Bones and Joints,	20
" Urinary Organs,	72
Other diseases,	31

The number of Surgical Operations performed, 23.

Amputation Metacarpal Bones,	1
Fistula in Ano,	5
Phymosis,	12
Schirrhus Mamara,	3
Amputation of Foot,	1
Amputation of Arm,	1

The deaths were from the following diseases:

Typhoid Fever,	2
Typhus "	1
Typhus with Delirium Tremens,	4
Typhus with Syphilis,	3
Variola,	22
Diarrhœa, chronic,	1
Strangulation of Intestine,	1
Scrofula,	1
Tabes Mesenterica,	2
Pneumonia,	3
" Typhoides,	1
Gangrene of Lungs,	1
Phthisis,	19
Dilatation of Heart,	1
Valvula Disease of Heart,	1
Anasarca,	4
Meningitis,	1
Delirium Tremens,	7
Poison,	1
Moribund, when received,	5
Premature Birth,	1
Old Age,	1
Cirrhosis,	1
Carcinoma Uteri,	1
Syphilis, Secondary,	3
" Tertiary,	2
" Congenital,	2
Total,	91

Of the patients, were born in Massachusetts,	156
" " " Maine,	41
" " " Vermont,	16
" " " N. Hampshire,	14
" " " Rhode Island,	2
" " " Connecticut,	2
" " " out of N. England,	58
Unascertained,	55
Total,	344

Born in Ireland,	440
" England,	52
" British Provinces,	89
" Scotland,	20
" Germany,	13
" Sweden,	4
" France,	1
" Prussia,	1
" Italy,	2
" Denmark,	1
" Portugal,	1
Total,	968

Born in United States of American parents,	163
" " Foreign "	126
Unascertained,	55
Born in Foreign Countries,	624
Total,	968

One hundred and fifty-eight cases of the dreaded pest, small-pox, have been under treatment; of these about fourteen and a half per cent, only, have been fatal. This happy result is attributed to the pure, cool, and bracing atmosphere of the island.

Dr. Barker observes that fewer cases of consumption have been sent to the institution than in former years. "This," he says, "is well; the atmosphere is not tempered to diseased lungs, and is actually pernicious. Where such cases demand the public charity, they are sent to the State Almshouses."

"In treating cases of delirium tremens," says Dr. Barker, "I have been again and again impressed with unmistakable evidences of *drug poison*. This disease, the result of dissipation and excess, often defies every mode of treatment, and, indeed, writers are at variance as to the best method. But of late all methods seem alike at fault, and the fatality is unusual. It begins to be a question whether some police regulations to prevent adulteration should not be enacted, if the sale of liquors is to be continued."

The actual expense to the State for the support of this Institution for the past year is $23,002 14. M.

Philadelphia, March 1st, 1861.

Messrs. Editors:—In looking over the volume of "Transactions of the American Medical Association for 1860," which I received a few days ago, I discover that, in the roll of the delegates on page 20, the name of the Philadelphia County Medical Society has been omitted, and the delegates from that body—viz: Drs. Nebinger, Lamb, and Gobrecht—inserted among those from the Philadelphia Medical Society. I regret exceedingly this occurrence, because our county society has always been represented in the Association by our most respectable physicians; is the largest in numbers of any medical society in the city; is the most active; is the representative of the State Medical Society; and because, finally, it ever has and still continues to cherish a warm interest in the prosperity of the American Medical Association.

I do not intend, by this notice, to cast any reflection upon the secretary, Dr. Hubbard, of New Haven, as I can comprehend how easily a stranger to our various organizations might be led into an error; but, as the volume was printed in Philadelphia, under the supervision of the Committee of Publication, there is less excuse for the omission. I observe, also, that the names of thirteen deceased members from Pennsylvania remain upon the list of permanent members without an obelisk figure thereto. W. J.

PATHOLOGY OF TUBERCLE AND THE TREATMENT OF PHTHISIS.

Messrs. Editors:—In your Journal for April 21st, 1860, you called attention to the views of Dr. Godwin Tims, of London, in regard to the nature of tubercle. It is the opinion of Dr. Tims that, where *disintegration exceeds excretion*, tubercles result. In your Journal for May 12th, 1860, Dr. E. J. Fountain, of Davenport, Iowa, claims originality for this idea, and says he first advocated it in the New York *Journal of Medicine* for July, 1859.

It has been the opinion of many that tubercles resulted from an imperfect assimilative process; that in the process of digestion and assimilation, from some defect in the assimilative process, the reparative cells are imperfectly formed, and imperfect nutrition and the deposition of tubercles are the consequence.

There are *others* who hold that *tubercles are the result of a want of equilibrium between the disintegratory and the assimilative process;* to the latter belong Dr. Tims, of London, and Dr. Fountain, of Davenport, Iowa. As before stated, the latter claims to be the original suggester of this idea. He claims that, in the New York *Journal of Medicine* for July, 1859, he claimed that tubercle was the result of "an *imperfect removal from the system of a portion of the products of organic decay.*"

In the March number of our *summary of American medical journalism*, prepared for the *American Medical Monthly* for 1860, we quoted the views of Dr. Fountain, and added the remark that this idea *was not original* to Dr. Fountain.

In the *American Medical Monthly* for September, 1860, Dr. Fountain has an elaborate paper explaining his views of the *pathology* and *treatment* of phthisis, in which he charges us with ignorance and inaccuracy of statement.

In the January number of the *American Medical Monthly* for 1859, we published an article in which we gave some opinions upon tubercle. There are some ideas, as well as sentences, in Dr. Fountain's paper that lead us to think that our paper was before him when he wrote in 1859. We make one quotation from our paper in the *Monthly* for January, 1856:—"Pathologists have generally considered fibrin the material by which textures are chiefly nourished and repaired—the nutritiveness of the blood; in a word, the pabulum from which come growth and repair. *Many eminent names* in the profession have recently taken a *different view*, and now consider it an *excrementitious product*, derived from the waste of the tissues or the oxidation of the blood." That is, that the elements of tubercle, for a time back, have been, by the first names in the profession, regarded as the result of *retained excrementitious product.*

In the face of this remark, Dr. Fountain claims originality for the expression of this idea several years later. We should not have noticed this matter had he not expressed great surprise at our ignorance and inaccuracy. The fact is, this idea, in regard to the nature of tubercle, was advanced as early as 1854, and Dr. Fountain yet claims originality as late as 1859, and charges with ignorance any person who chooses to expose his error.

He has published several papers upon the use of the *chlorate of potash* in phthisis; but, like his special pathology, even this is not new! Dr. Copland, in his *Dictionary of Medicine*, in an article upon *bronchitis*, which was written more than twenty years ago, recommends the *chlorate of potash* in chronic bronchitis, and adds:—"Mr. *Murray*, in a recent publication, states that *he has employed it successfully in consumption.*" Hence it will be seen that Dr. Fountain's pathology has been anticipated by at least *seven* years, and his treatment by more than *twenty!* Were it not for the fact that we have given this treatment repeated trials with unsatisfactory results, and were it not for the fact that he charges us with ignorance and inaccuracy, we should not have noticed this matter. Ignorant, we confess, we ever expect to be, but inaccurate or unfair in statement we confess never to have *intentionally* been.

O. C. Gibbs, M. D.,
Frewsburg, N. Y.

NEWS AND MISCELLANY.

New York Ophthalmic School.—The *ninth anniversary* of this institution was held, Monday evening, February 25th, in the Fourteenth street Medical College, in the presence of a large number of students, medical men, and ladies—Peter Cooper, Esq., president, in the chair. Dr. Mark Stephenson, senior Surgeon to the institution and Lecturer on Ophthalmic Surgery, in a few preliminary remarks, stated that a thorough course of lectures had been given on the anatomy, physiology, pathology, and treatment of the eye, during the last winter, to over thirty students and physicians from all sections of the United States, twenty-six of whom had passed an examination, and, to his personal knowledge, he believed they were better prepared to practice ophthalmic surgery than the most of surgeons who had been fifteen or twenty years in practice. Dr. Stephenson concluded by awarding testimonials to the following gentlemen composing the graduating class:

J. Craig, Minnesota; G. W. Edwards, N. Y.; C. F. Miesse, Ohio; B. A. Watson, N. J.; F. G. Stanley, M. D., Ill.; J. E. Lynch, Ohio; A. J. Harris, Pa.; J. T. H. Scott, M. D., Iowa; W. L. Wheeler, N. Y.; H. Hill, M. D., Canada West; S. Souders, Ohio; S. W. Brigs, M. D., New Brunswick; J. L. Kiernan, M. D., N. Y.; S. Ayers, Ind.; C. R. Case, Mich; H. S. Plympton, Mass.; T. H. Stillwell, N. Y.; G. R. Wells, M. D., Wis.; J. W. Robie, N. H.; S. J. Dewey, Ill.; A. D. Smith, Geo.; B. O.

Reynolds, M. D., Wis.; C. Hill, N. C.; R. V. McKim, Md.

Dr. J. P. Garrish, one of the surgeons of the hospital, delivered an eloquent address to the students, and the valedictory address was spoken by Dr. Jas. L. Kiernan of the graduating class. Dr. Kiernan was much applauded, and a copy of his address has been solicited for publication in the next annual report of the institution.

The exercises were closed with a few very appropriate remarks from that distinguished philanthropist, Peter Cooper, Esq., who spoke in the highest terms of the institution and its surgeons, also the great responsibility about to devolve upon the young gentleman who were just entering upon the discharge of their professional duties.

Unicorn Uterus.—Twelve cases have been collected by Prof. Kussmaul, (*Heidelberg Verhandl.*, V.) They allow the following conclusions:—Menstruation is the same as with a normal-shaped uterus. Sterility is not a necessary consequence of the deformity, but is, when present, dependent upon some other abnormity; for instance, occlusion of the oviduct. The developed horn, as well as the rudimental one, may admit the reception and development of an impregnated ovum; but this will not take place in the rudiment, except when no communication exists between it and the other part. It is probable, however, that this communication is shut up by the pressure of the dilated vessels and the decidua. Women, with a unicorn womb and one ovary, may give birth to numerous children of both sexes, as observed by Chaussier. This fact destroys the old theory that the sex of the fœtus is dependent upon the ovary. The unicorn uterus does not prevent repeated gestations, and may even retain twins up to the full term; it does not cause abortion, if not combined with other conditions. The impregnated rudimental horn, on the other hand, is always liable to rupture, which usually occurs in the apex. The condition of a woman with a unicorn womb, during pregnancy, depends on the individuality. Delivery after gestation, in the developed horn, has never been attended by particular difficulties. Where the fœtus was contained in the rudiment, the case has been almost always mistaken for tubal gestation.—*Vierteljahrschr., Cinc. Lanc. and Observ.*

☞We would call the attention of our readers to the card of Dr. Clendennin of Cincinnati, in this number. Dr. Clendennin has considerable reputation as a teacher of anatomy, and we would recommend his course to those of our readers who wish to pursue their anatomical studies in that city.

Lancaster City and County Medical Society.—At a stated meeting of this Society, held Jan. 23d, 1861, the following were elected officers for the ensuing year:—President, Dr. James P. Andrews; Vice-Presidents, Drs. Jacob L. Ziegler and Samuel R. Sample; Secretary, Dr. John Levergood; Corresponding Secretary, Dr. Henry Carpenter; Treasurer, Dr. J. Aug. Ehler; Censor, Dr. John Ream.

Drs. John L. Atlee, Sr., P. Cassidy, H. Carpenter, J. Aug. Ehler, John Ream, Samuel R. Sample, and Peter S. Clinger were elected Delegates to the American Medical Association.

Philadelphia County Medical Society.—At the annual business meeting of this association the following officers were elected for 1861. President—Dr. Joseph Carson; Vice-Presidents—Dr. J. Forsythe Meigs and Dr. L. P. Gebhard; Recording Secretary—Dr. Wm. B. Atkinson; Assistant Recording Secretary—Dr. A. Owen Stille; Corresponding Secretary—Dr. Wm. H. Gobrecht; Treasurer—Dr. A. Nebinger; Censor—Dr. John F. Lamb.

Northern Medical Association—Officers for 1861.—President—Dr. L. P. Gebhard; Vice-President—Dr. Oscar Osler; Recording Secretary—Dr. Wm. B. Atkinson; Corresponding Secretary—Dr. Wm. Mayburry; Reporting Secretaries—Dr. S. N. Troth and Dr. William B. Atkinson; Treasurer—Dr. J. Henry Smaltz; Counsellors Drs. N. L. Hatfield, L. Curtis, A. M. Slocum, J. H. Smaltz.

The Medical Colleges are closing their winter sessions. The annual commencement of the medical department of Pennsylvania College takes place to day. Valedictory by Dr. B. Howard Rand.

The Pennsylvania College of Dental Surgery held its commencement on Thursday evening. Valedictory by Dr. W. Calvert.

Army and Navy.—Surgeon R. A. Coolidge, Medical Department, has been assigned to duty at Benecia Barracks, California. Surgeon S. P. Moore, Medical Department, has been assigned to duty at Fort Pickens, Florida. Assistant Surgeon E. W. Johns, Medical Department, is ordered to report for duty at Fort Monroe, Virginia.

True in the End.—Homœopaths make this boast—that the "Allopaths" dispense medicines, and they dispense with it. This may be partially true, owing to their losing their patients so very quickly.—*Punch.*

Pennsylvania Hospital.—Dr. C. C. Lee has been elected one of the Resident Physicians.

The Increase in the Sale of Nostrums.—A correspondent of the Boston *Medical Journal* says that there has been within the past few years an immense increase in the sale of patent medicines, and that forty per cent. of the items, which make up the orders sent for drugs, are for such articles. The price current list shows that the number of quack medicines in demand is between five and six hundred. It is not uncommon for those who deal in them largely and exclusively, to make purchase of a single article at one time to the amount of ten thousand dollars. Notwithstanding the great success of some adventurers, the business is an extremely hazardous and precarious one. The cost of winning public attention and creating a demand is very great, and usually exceeds the profits. Where one like Ayer, Brandreth, or Townsend succeeds, hundreds are driven into bankruptcy.

Wills Hospital.—The following gentlemen have been elected managers of this institution: Charles Ellis, John Gegan, Jr., M. D., and Thomas Wilmer.

DIED.

MOSSER.—Dr. D. O. Mosser was born in Lynn township, Lehigh county. He graduated at the University of New York in the year 1845. He died of congestion of the brain on the 22d of February, 1861, at his residence in Breinigsville, Lehigh county. The cause of his death was a fall on the ice about six weeks previous to his death. The departure of Dr. Mosser deserves more than a passing notice. Cut down in the prime of life, the blow falls heavily not only on the friends and relatives in Breinigsville, but throughout the county. Living, we loved and respected him, and were grateful at all times to receive from him kind advice—dead, we feel that affection was worthily bestowed. He was much beloved by all that knew him, and being endowed with talents that made him a shining light throughout the whole community, he appeared at all times in his practice with all the attributes of a true and worthy Christian gentleman. He was ready at all times to render aid and a helping hand to all afflicted. As a physician he had few equals, and was always kind to the poor. In his business honest, upright, precise—governed by a strict sense of honor. The large concourse of people that were present at his burial showed how universally his loss was felt.

T. C. YEAGER.

Allentown, Feb. 27th, 1861.

Answers to Correspondents.

TO CORRESPONDENTS.—*Will the author of a communication entitled "A New Title—not a 'New Degree,'" please write to us? A small portion of his paper with his name has been accidentally lost.*

COMMUNICATIONS RECEIVED.

Connecticut—T. G. White, Dr. R. H. Hubbard, (with encl.,) Dr. L. N. Beardsley, (with encl.,) Dr. H. E. Cook, (with encl.,) Dr. C. H. Hubbard, (with encl.,) Dr. A. H. King, (with encl.,) Dr. C. F. Blood, (with encl.,) Dr. C. P. Weaver, (with encl.,) Dr. W. F. Stoddard, (with encl.,) Dr. A. Hobron, (with encl.,) Dr. W. W. Miner, (with encl.,) Dr. W. W. Sheffield, (with encl.,) Dr. O. H. Jewell, (with encl.,) Dr. O. E. Miner, (with encl.,) Dr. J. Gray, (with encl.,) Dr. E. F. Coates, (with encl.,) Dr. G. E. Palmer, (with encl.,) Dr. E. C. McEwen, (with encl.,) Dr. E. A. Brinley, (with encl.,) Dr. R. A. Mannaring, (with encl.) *Indiana*—Dr. W. Dickey. Dr. J. A. Blackwell, (with encl.) *Illinois*—Dr. E. M. Winters, Drs. Hull and Morris. *Kentucky*—Dr. D. Johnson. *Maryland*—Dr. MacNicholl, Dr. R. A. Dougherty, (with encl.) Dr. F. Howard. *New Jersey*—Dr. T. T. Price, (with encl.,) Dr. A. N. Dougherty. *New York*—Dr. J. E. King. (with encl,) Dr. J. Caldwell, Dr. A. Cochrane, (with encl.,) Dr. Folgemacher, (with encl.) Dr. J. R. Wood, (2,) Dr. C. G. Bacon, Dr. C. M. Johnson, (with encl.,) Dr. H. Townsend, Dr. C. A. Haselmaier, (with encl.) *Ohio*—Dr. J. A. Little, Dr. A. J. Martin, Dr. N. B. Tyler, (with encl.,) Dr. W. Cusick, (with encl.,) Dr. N. E. Hackedorn, (with encl.,) Dr. W. Clendenin (with encl.,) Dr. H. T. Lacey. (with encl. for J. H. Beard and John W. McCord.) *Pennsylvania*—Dr. W. G. Nugent, (with encl.,) Dr. C. P. Herrington, (with encl.,) Dr. L. N. Bingham, Dr. J. L. Peirce, (with encl.,) Dr. C Sellers, (with encl.) F. A. Shoemaker, Dr. A. Y. Schelly, Dr. G. R. Lewis. *Virginia*—Dr. MacNicholl, Dr. R. S. Seis, (with encl.,) Dr. W. J. Bates, (with encl.,) Dr. J. H. Broomfield, (with encl.,) Dr. Kennedy, (with encl.)

Office Payments—Dr. J. S. Cook, (N. J.,) Dr. S. B. Irwin, (N. J.) N. F. Riter, (Pa.,) Dr. McClenachan, (adv.,) Dr. John Conry, (Pa.) T. N. Lewis, (Ohio.) By Mr. Hulme: Dr. Samuel C. Breitanbach, Dr. J. Allen Ramsay, Dr. W. Thomson, and Dr. J. E. Whiteside. By Mr. Swaine: Drs. Rachenberger, Helfrick, Knorr, J. Wilson, W. A. Piper, Brown and Wilkinson.

CINCINNATI.—
I will resume my Course of Demonstrations of Anatomy in relation to Medicine and Surgery, Monday, March 11th, in the Dental College Building.
These Demonstrations embrace the Medical and Surgical Anatomy of the Viscera, the Neck, Groin, Perineum, the Joints, etc. Also, the distribution and relations of the Sympathetic, Pneumogastric, and Fifth Pair of Nerves.
Ticket to the course, Ten Dollars.
Physicians and Students wishing instructions in Operative Surgery will be accommodated at any time.
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mh2 Cincinnati.

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